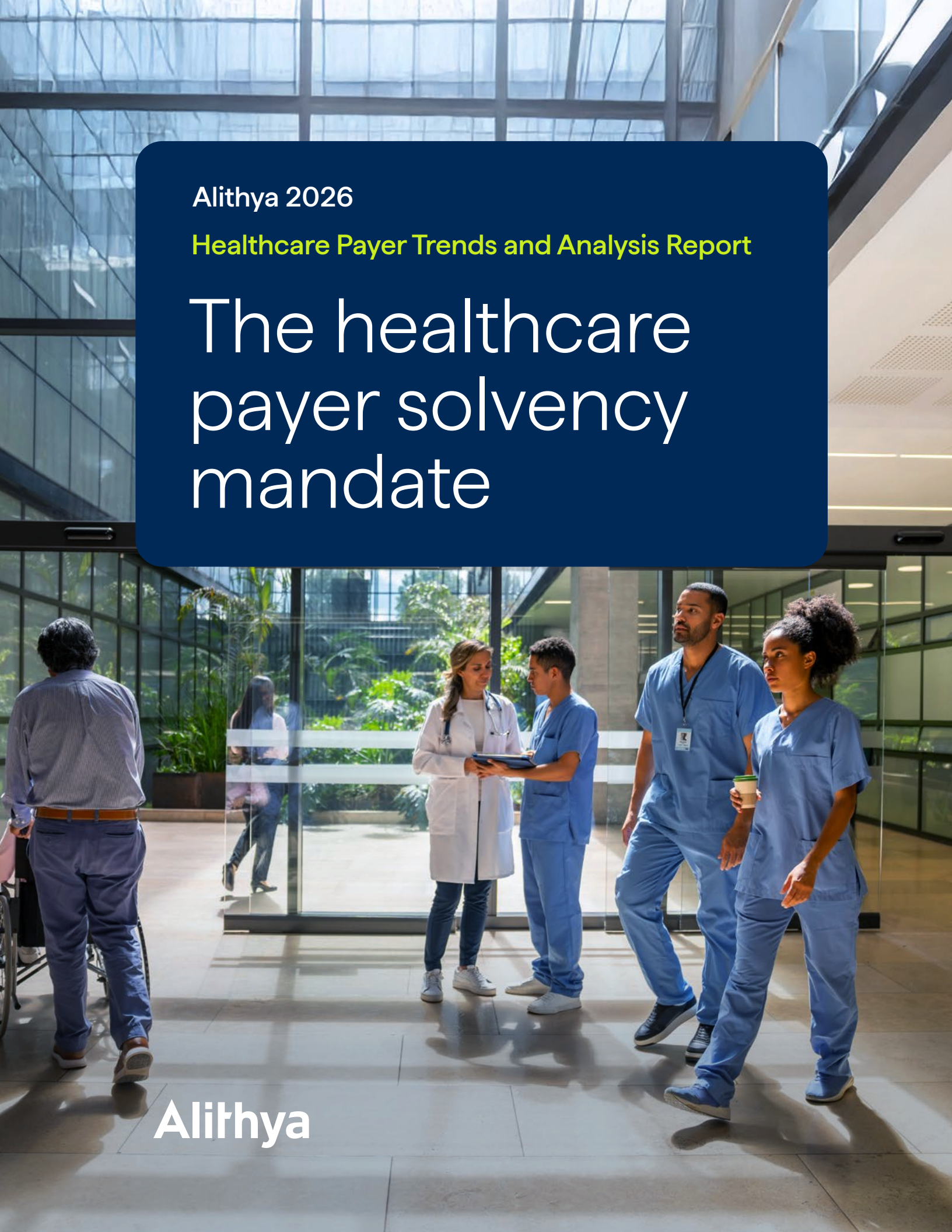
Alithya 2026

Healthcare Payer Trends and Analysis Report

The healthcare payer solvency mandate



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Introduction

The healthcare payer sector is currently defined by a sharp strategic tension: while most organizations anticipate strong growth, their operational focus is entirely dominated by existential risk. Payers are navigating a complex environment characterized by rising cost pressures, critical workforce shortages, and significant patient demographic shifts. This has elevated financial stability and risk mitigation above all other strategic priorities.

This pressure dictates a clear shift in investment. Payers are adopting a data-first approach to technology, where core strategy is focused on securing solvency through automation. Investment concentrates on analytics, BI, and AI-driven operations for immediate ROI, and data modernization is the foundational prerequisite for scaling advanced solutions. Furthermore, in the wake of systemic breaches, security and regulatory compliance has become the absolute priority in vendor selection. This report details the full scope of these executive mandates and the path forward for strategic automation.

About this report

This report is based on a survey of **125 US healthcare executives** conducted by Alithya. The cohort includes leadership across clinical, financial, and corporate operational functions, representing organizations of varying size and digital maturity. By capturing a cross-section of perspectives from those responsible for budgets, clinical outcomes, and digital transformation, this analysis provides a directional roadmap for the industry. The findings offer a deep look into executive sentiment, organizational readiness, and execution priorities for 2026.

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Key insights



Growth expectations remain strong

with 58.3% expecting above-market growth, and the rest expecting to be in line or lower— this split indicates that, while some payers are confident, others may be contending with margin pressure, regulatory complexity, or competitive saturation.



The greatest challenges for payers are not technological

but the core financial risks associated with rising cost pressures and the crisis of workforce management, which consequently dictate immediate investment strategies.

Payer innovation begins with data modernization



75%

which is prioritized over Agentic AI (58.3%), recognizing that modern data platforms must be built before advanced automation can scale successfully.

Technology is a tool for solvency, not expansion:

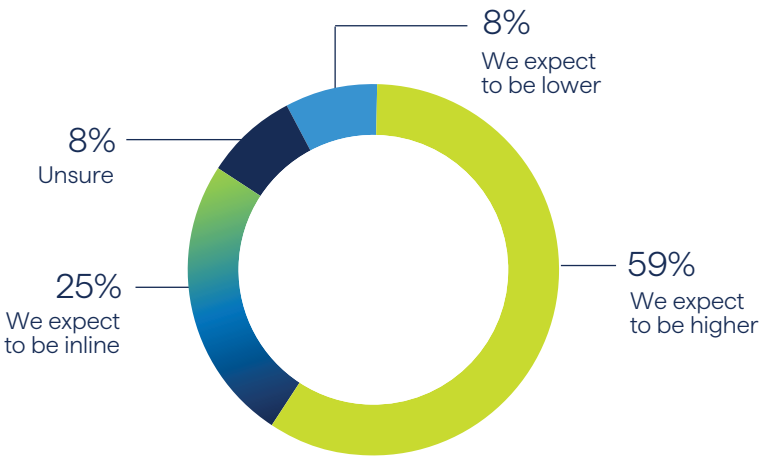
Investment is concentrated in Analytics, BI, and AI-driven operations, confirming that the primary goal of technology adoption is delivering immediate, proven ROI and cost efficiency to offset high labor and processing costs.



Cybersecurity maturity is strongly bifurcated

leaving a significant segment of the market exposed to persistent risk despite high-profile systemic attacks.

1 In 2025, the healthcare industry's compound annual growth rate (CAGR) was forecasted to be 8%. How does your organization's expected growth rate compare to this average?



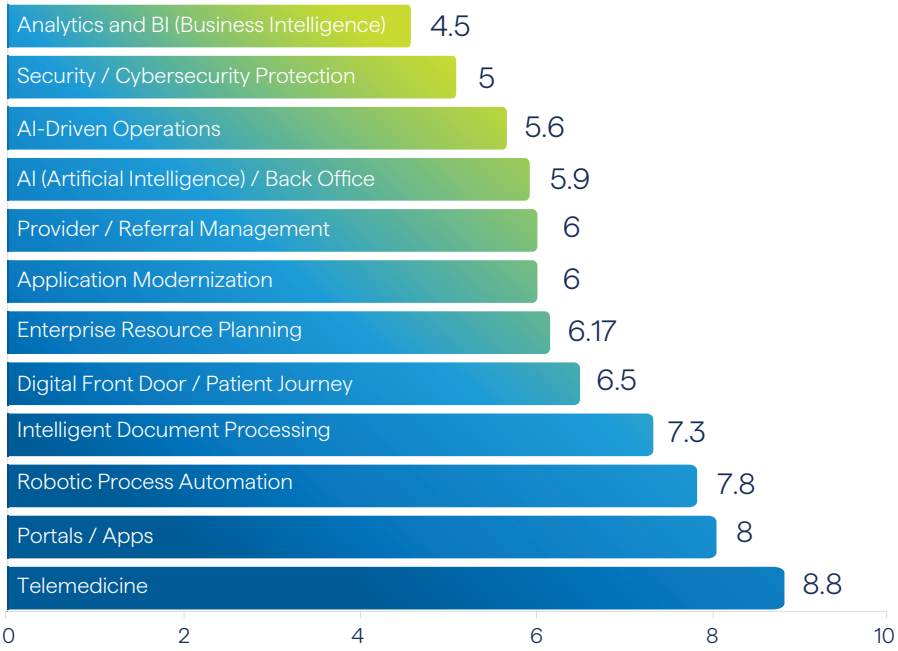
Summary of the results

Among healthcare payers, 58.3% report that they expect their organization's growth to exceed the forecasted 8% CAGR for the industry in 2025. Fewer payers believe they will grow in line with the benchmark (25%), and a combined 16.6% either expect lower growth or are unsure. This split indicates that, while some payers are confident, others may be contending with margin pressure, regulatory complexity, or competitive saturation.

Industry analysis

McKinsey's 2025 healthcare payer outlook[1] highlights moderate growth projections due to regulatory caps, value-based care reimbursement models, and post-COVID Medicaid redeterminations. However, many payer organizations are driving innovation through AI-driven claims processing, population health analytics, and member engagement platforms—all of which may support top-line growth. Deloitte's 2025 US Health Plan Outlook[2] echoes this balance, projecting slow but steady gains across Medicare Advantage and commercial segments amid rising tech investments.

2 Thinking about your organization's technology priorities, rank in order of importance.



Lower rank = Higher priority

Summary of the results

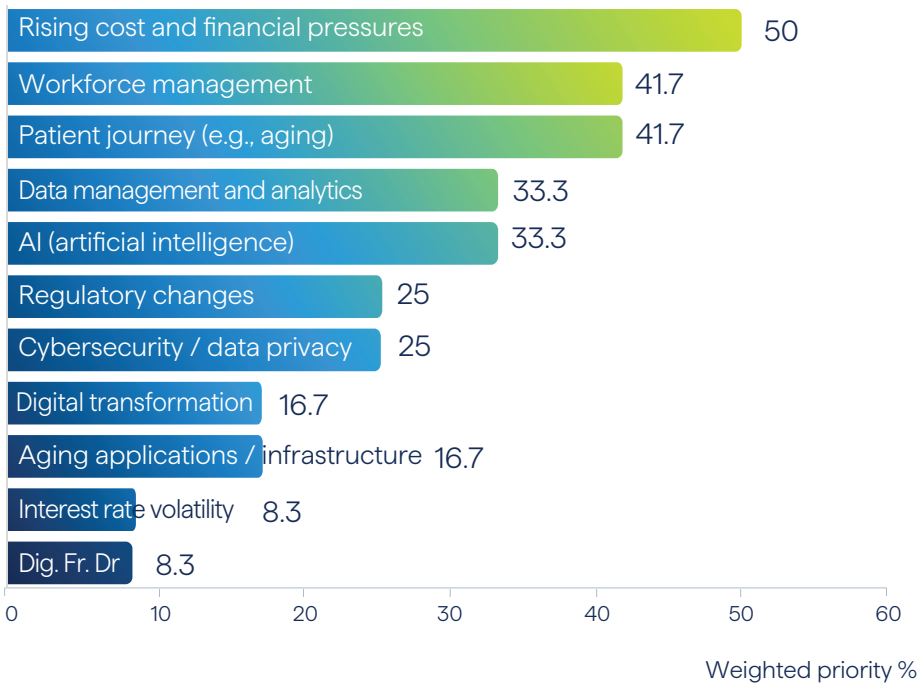
The primary technology focus for healthcare payers centers on leveraging data and AI to drive efficiency and manage risk. The highest priority is analytics and business intelligence (BI) (rank 4.58), reflecting the urgent need for data-driven insights to manage costs and risk-bearing contracts. This is immediately followed by cybersecurity protection (rank 5.08) and operational investments in AI-driven operations and AI for back office/finance, demonstrating an intense focus on minimizing administrative expense through advanced automation. Mid-tier efforts are directed at shoring up the underlying infrastructure via application modernization and enhancing interactions with providers (provider/referral management), while investments in customer-facing tools like the Digital Front Door and telemedicine are currently ranked lower.

Industry analysis

Healthcare payer technology strategies are increasingly centered on operational efficiency and risk mitigation, a trend reinforced by 2025 industry outlooks. The top-ranked priority, analytics and BI, underscores the need for advanced data-driven insights to manage costs and risk-bearing contracts, aligning with Bain & Company's findings that payers prioritize technologies that improve risk adjustment and optimize Medical Loss Ratio (MLR)[3]. This efficiency focus is further reflected in the high ranking of AI-driven operations and back-office finance, consistent with McKinsey & Company's report that nearly 90% of healthcare executives view digital and AI transformation as a high or top priority for automating administrative work and achieving cost savings[4].

Further reinforcing the industry's concern with digital risk, Sophos' "State of Ransomware in Healthcare 2024[5]" revealed that 67% of healthcare organizations experienced ransomware attacks, with most incidents linked to unpatched systems or third-party software vulnerabilities. This makes security a "job zero" issue, necessitating continued emphasis on cybersecurity protection. This internal focus extends to application modernization (rank 5) being prioritized over the Digital Front Door (Rank 8). This decision aligns with the industry view, where reports cited by Bain & Company show legacy technology is a major hurdle for over 65% of payers[6]. Therefore, investments must first resolve technical debt to enable the cloud-native, scalable environment necessary for high-priority AI tools.

3 What do you project as your top three challenges in 2026?



Summary of the results

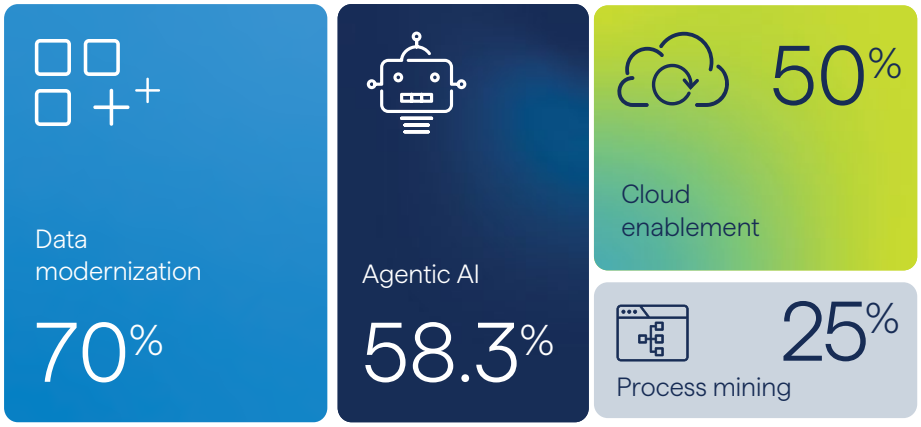
Payers take a more financially oriented view of 2026 risk, with rising cost and financial pressures ranking highest (50.0%), followed by workforce management (41.7%) and the growing complexity of care coordination among aging populations (41.7%). Interest in AI (33.3%) and data/analytics (33.3%) reflects a push toward automation and risk scoring, though investment may be limited by margin pressure. Lower concern for regulatory changes, cybersecurity, data privacy and digital transformation suggests that health plans may view these areas not as major new investment priorities, but rather as established, mature capabilities that have transitioned into routine maintenance.



Industry analysis

The hierarchy of challenges clearly positions financial and operational sustainability as the top concern for healthcare payers in 2026. The overwhelming lead of rising cost and financial pressures reflects the severe impact of medical inflation, specialty drug costs (like GLP-1s), and the specific margin compression driven by rising utilization in high-growth areas[7]. Medicare Advantage spending has grown at twice the pace of GDP, while rising outpatient and behavioral health usage has driven margin compression for major payers[8]. This financial risk is immediately compounded by human capital and utilization issues: workforce management and the growing complexity of care coordination among aging populations signal that labor shortages and complex chronic care are direct threats to both solvency and service delivery. Consequently, the focused interest in AI, analytics, and automation represents a crucial technology response to restore margin and drive efficiency[9]. However, the path to adoption is made complex by cost, data readiness, and mounting regulatory pressure from CMS, which is shifting toward new governance standards for equity and AI.

4 What emerging technologies do you anticipate adopting in your organization in 2026?



Weighted priority %

Summary of the results

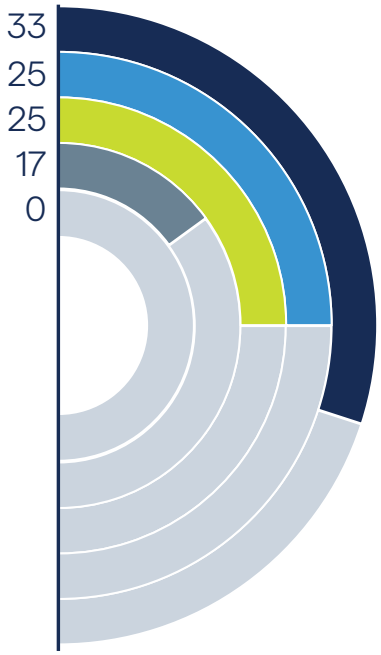
Payers have a stronger tilt toward data modernization which tops the list at 75.0%, followed by Agentic AI (58.3%) and cloud enablement (50.0%). This suggests that payers see modern, integrated data platforms as the backbone for advanced use cases in pricing, risk scoring, fraud detection, and member engagement. Process mining (25.0%) is a secondary priority, likely aimed at optimizing internal workflows such as claims handling and prior authorization.

Industry analysis

External research shows insurers are indeed moving aggressively on AI and advanced analytics but often struggle to industrialize them. A 2024 global survey cited by BCG found that insurance companies are among the leading industries in AI adoption, yet many are still early in scaling from pilots to production uses[10]. Deloitte's 2025 work on Generative AI in insurance similarly notes growing experimentation but highlights gaps in data readiness, governance, and operating-model change exactly the kinds of issues data modernization is meant to address[11]. For payers specifically, data and AI are being applied to fraud detection, claims automation, underwriting, and member analytics, but legacy systems and fragmented data remain major barriers.

5 How would you describe your organization's current approach to managing and measuring cybersecurity risk?

- **Integrated with IT governance**
  Cybersecurity is embedded in broader IT strategy with continuous monitoring, staff training, and measurable SLAs.
- **Proactive and data-driven**
  We leverage real-time analytics, AI/ML tools, and cyber risk scoring to anticipate, measure, and respond to threats dynamically across all systems
- **Basic monitoring**
  We have antivirus, firewalls, and compliance checks, but limited enterprise-wide measurement or risk scoring.
- **Reactive**
  We primarily respond to threats after they occur; cybersecurity is handled as incidents arise.
- **Defined program**
  We have a formal cybersecurity strategy, conduct regular risk assessments, and track select KPIs (e.g., incident counts, system downtime).



Summary of the results

Payers report slightly higher maturity, with one-third adopting data-driven security (33.3%) and another quarter operating within an integrated governance model (25.0%). However, a sizable segment remains at the basic monitoring stage (25.0%), implying gaps in measurement, automation, and cross-system visibility. Notably, payers report no reactive posture, suggesting that most organizations perceive at least a baseline level of formalization, even if analytics and automation lag.

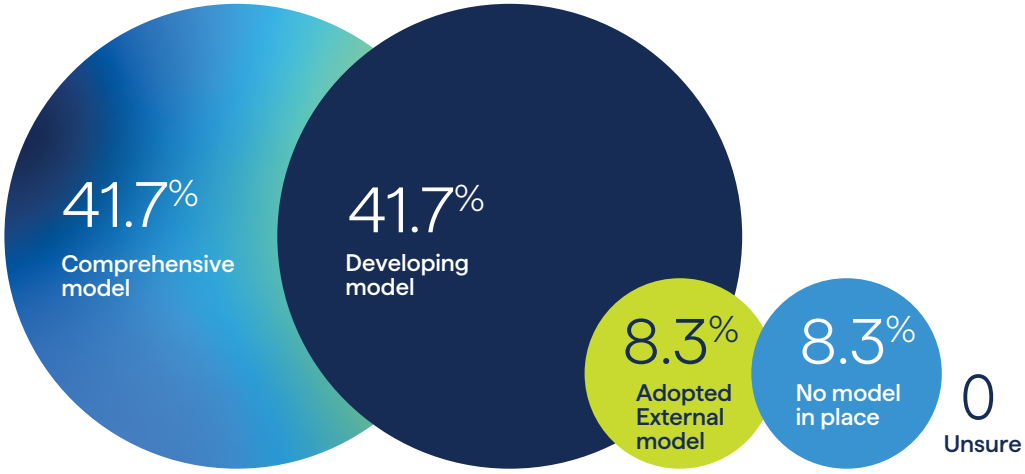
Industry analysis

The current approach to managing cybersecurity risk among healthcare payers reflects an industry in transition from compliance-focused baselines toward true organizational resilience, yet facing critical execution gaps. The lack of organizations reporting a purely reactive posture confirms that the sector has achieved a necessary baseline level of formalization.

The segment is clearly bifurcated: a significant portion of payers are pursuing data-driven security—a modern, predictive approach that leverages advanced analytics—while a large, lagging segment remains stuck at the basic monitoring stage, implying persistent gaps in measurement, automation, and cross-system visibility. This uneven maturity across the industry leaves a sizable portion of the market exposed to long detection timelines and higher recovery costs. This vulnerability is starkly highlighted by the 2024 Change Healthcare cyberattack[12], which compromised the Protected Health Information (PHI) of nearly 193 million individuals and caused massive operational disruption across claims and payment systems throughout the US healthcare sector. This catastrophic event underscores the failure of vendor risk management and the urgent need for payers to move beyond mere monitoring toward robust, integrated governance and security automation.



6 Which of the following best describes your organization's approach to developing or adopting AI governance models for integrating new solutions?



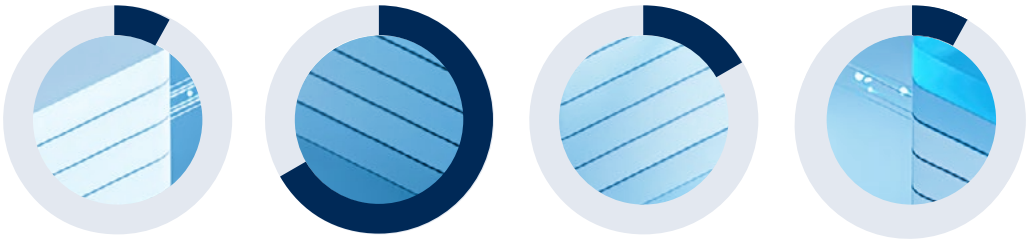
Summary of the results

Payers report a structured approach to AI governance. Respondents are evenly split between having a comprehensive model (41.7%) and a developing model that is not yet fully implemented (41.7%), indicating broad recognition that AI requires formal guardrails. Only small shares report operating with an ad hoc approach (8.3%) or no model in place (8.3%), and no respondents selected "unsure". The pattern suggests that most payers see AI governance as tightly linked to risk, compliance, and regulatory expectations.

Industry analysis

Payers' strong leaning toward "comprehensive" or "developing" AI governance makes sense in today's regulatory and risk environment. A 2025 industry study by Deloitte[13] found that while many insurers are piloting or deploying AI/ML systems, most still face significant gaps in governance, risk controls, and data readiness, underscoring the need for structured frameworks before scaling production-grade AI.

7 How quickly can your organization go from business case to execution for new technology?



8%	66.7%	16.7%	8
Very fast within months	Moderate within a year	Slow over several years	Very slow rarely adopts

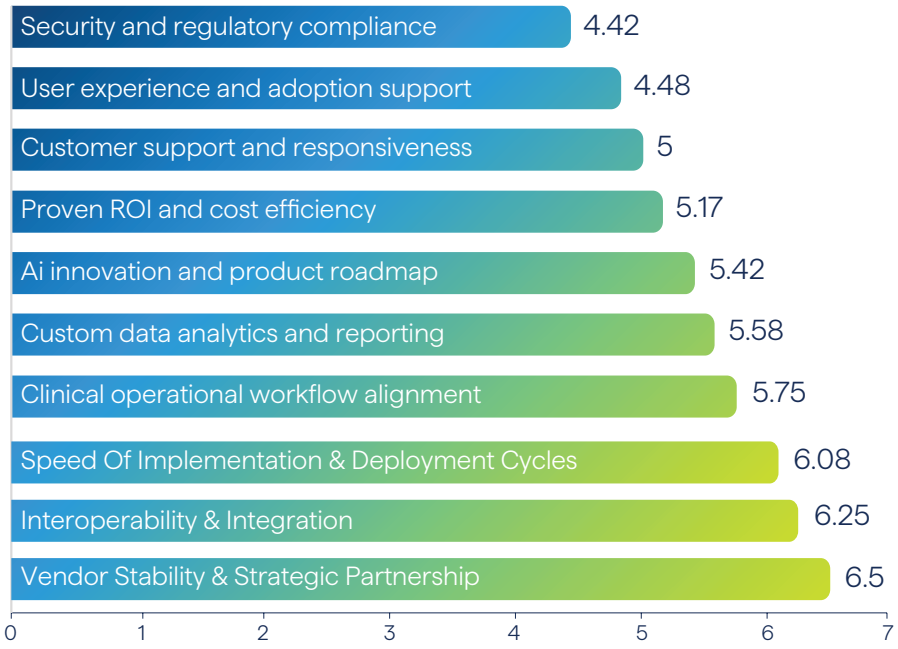
Summary of the results

Payers show a more conservative adoption trajectory, with two-thirds operating on one-year timelines, a small group able to move quickly, and a meaningful minority reporting very slow adoption. This suggests that while payers recognize the need for technological change, execution is often constrained by risk, compliance, and legacy systems.

Industry analysis

This tracks with research showing that US insurers are significantly accelerating technology investment but still face operational and regulatory barriers that slow execution. A primary hurdle is legacy system complexity; many payers continue to rely on decades-old core platforms for claims adjudication and enrollment. These “green-screen” systems are notoriously difficult to integrate with modern cloud environments and APIs. This friction forces leaders to identify risk controls, compliance, and data quality as top constraints on scaling new solutions[14].

8 Which vendor capabilities are most important to you?



Weighted priority. The lower the rank, the higher the priority.

Summary of the results

Payers ranked security and regulatory compliance, user experience, and customer support responsiveness as their most important vendor capabilities, reflecting a strong emphasis on risk mitigation and operational reliability. Mid-tier priorities included AI innovation, analytics, and workflow alignment, while capabilities such as interoperability, speed of implementation, and vendor stability were viewed as comparatively less critical in current purchasing decisions.



Industry analysis

Healthcare payers are decisively prioritizing foundational security, usability, and immediate operational relief in their vendor selection, a strategy driven by critical internal and external pressures. The highest priority is security and regulatory compliance, which, in the wake of the 2024 Change Healthcare attack[15], has elevated vendor risk management to an existential operational concern where failure is simply unacceptable.

This focus on de-risking is coupled with a high demand for user experience and adoption, as well as customer support and responsiveness. This urgency is a direct reflection of the crisis in payer staff burnout and the inability of human teams to keep pace with the massive, complex growth in claims and utilization volume. Payers need vendors to provide systems that are so intuitive they reduce staff friction and administrative burden and offer rapid support to ensure that slow claims processing—a major driver of member/provider frustration—is resolved instantly. The high ranking of proven ROI and cost efficiency confirms that any investment must immediately enable AI and automation to offset high labor and claims processing costs.

Conclusion:

The findings of this report affirm that the entire strategic agenda for the healthcare payer sector is currently defined by an automation mandate—a non-negotiable directive to stabilize financial operations and mitigate catastrophic risk.

The core challenge for executives is now shifting from what to prioritize to how to execute. To translate high growth expectations into sustained financial performance, payers must rapidly move beyond planning and achieve full industrialization of their data-first strategy. This demands accelerated execution on data modernization, ensuring advanced AI initiatives are built on solid foundations, and relentlessly enforcing Security and Regulatory Compliance to ensure that operational speed does not introduce systemic vulnerability. The ultimate success of the industry rests on the ability to embed these secure, automated capabilities deep within the enterprise.

Your trusted partner payer automation and ROI

For healthcare payers, success in the current climate hinges on balancing growth expectations with the critical mandates of financial stability and risk mitigation. The challenges of rising costs, workforce strain, and mandatory security compliance demand a partner that delivers measurable results.

Alithya empowers payers by focusing on three core mandates: securing verifiable operational ROI to offset high labor costs, executing the data-first strategy through modernization, and ensuring uncompromising security and regulatory compliance.

Connect with Alithya today to discuss the financial stability and operational resilience your organization needs to thrive amid accelerating cost pressures and the critical mandate for strategic automation.

Contact us

References

1. https://www.mckinsey.com/industries/healthcare/our-insights/what-to-expect-in-us-healthcare-in-2025-and-beyond (McKinsey)
2. https://www.deloitte.com/us/en/insights/industry/health-care/life-sciences-and-health-care-industry-outlooks/2025-us-health-care-executive-outlook.html (Deloitte)
3. https://www.bain.com/insights/healthcare-it-spending-innovation-integration-ai/ (Bain and Company)
4. https://www.mckinsey.com/industries/healthcare/our-insights/the-coming-evolution-of-healthcare-ai-toward-a-modular-architecture (McKinsey)
5. https://news.sophos.com/en-us/2024/07/30/the-state-of-ransomware-in-healthcare-2024/ (Sophos)
6. https://www.bain.com/insights/healthcare-it-spending-innovation-integration-ai/ (Bain and Company)
7. https://www.businessgrouphealth.org/resources/2026-employer-health-care-strategy-survey-part-1-health-care-and-pharmacy-costs (Business Group on Health)
8. https://www.aha.org/news/headline/2025-06-26-cms-estimates-us-health-spending-grew-82-2024 (American Hospital Association)
9. https://www.mckinsey.com/industries/healthcare/our-insights/gathering-storm-2-0-succeeding-in-healthcare-despite-the-turbulence (McKinsey)
10. https://www.bcg.com/publications/2025/insurance-leads-ai-adoption-now-time-to-scale (BCG)
11. https://www.deloitte.com/us/en/insights/industry/financial-services/scaling-gen-ai-insurance.html (Deloitte)
12. https://www.aha.org/change-healthcare-cyberattack-underscores-urgent-need-strengthen-cyber-preparedness-individual-health-care-organizations-and (American Hospital Association)
13. https://www.deloitte.com/us/en/insights/industry/financial-services/scaling-gen-ai-insurance.html (Deloitte)
14. https://www.deloitte.com/us/en/insights/industry/financial-services/financial-services-industry-outlooks/insurance-industry-outlook-2025.html (Deloitte)
15. https://www.fenwick.com/insights/publications/cyber-resilience-after-the-change-healthcare-breach (Fenwick)

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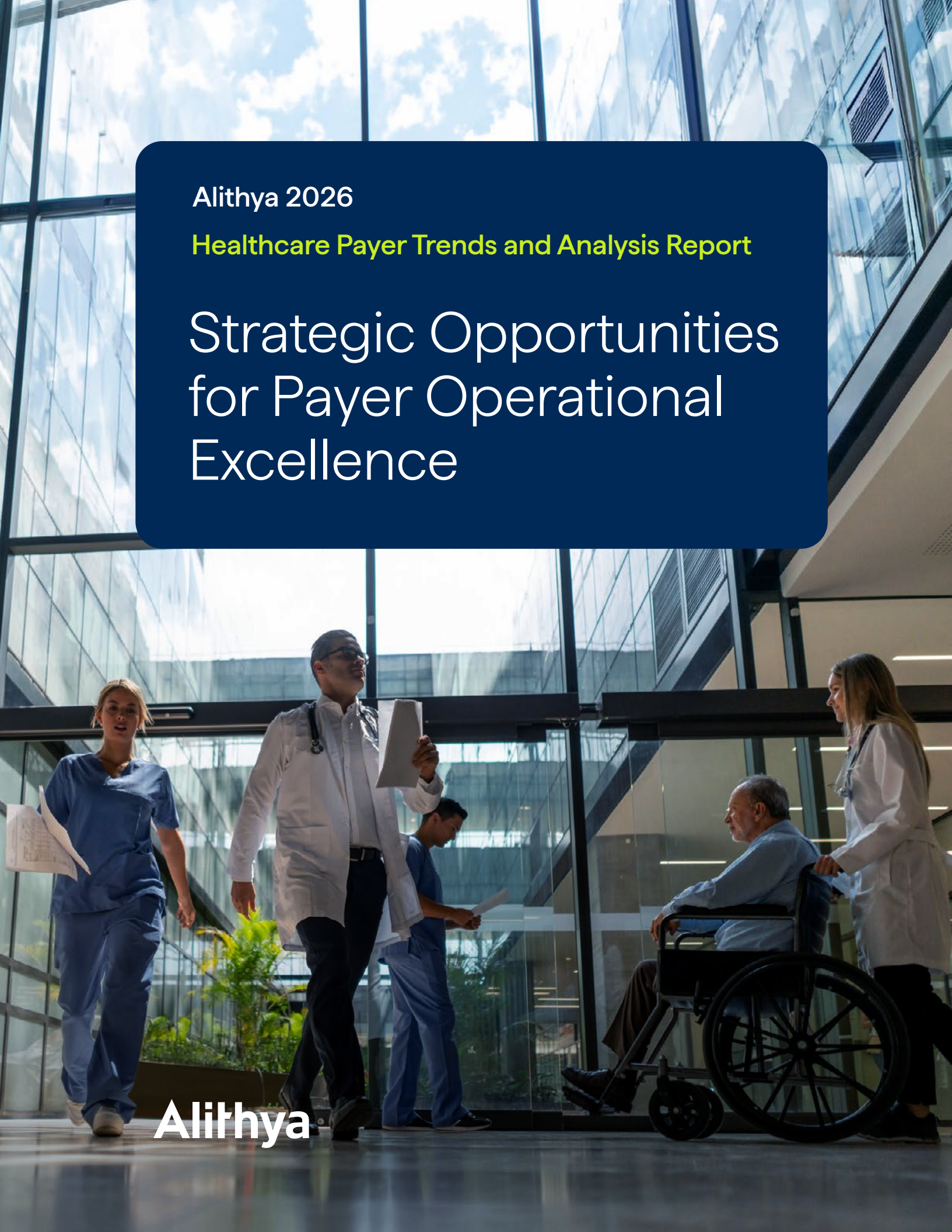

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Healthcare Payer Trends and Analysis Report

Strategic Opportunities for Payer Operational Excellence

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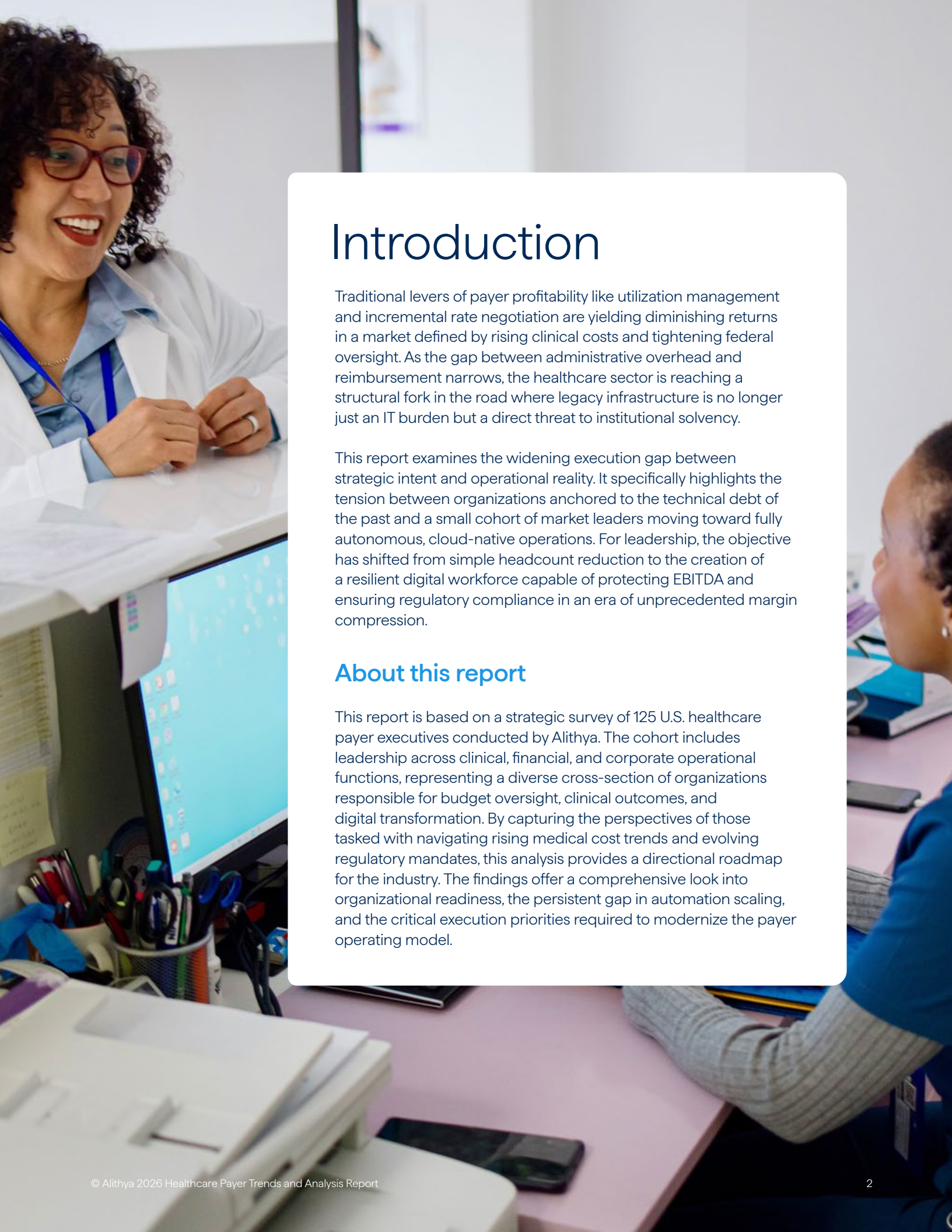

Introduction

Traditional levers of payer profitability like utilization management and incremental rate negotiation are yielding diminishing returns in a market defined by rising clinical costs and tightening federal oversight. As the gap between administrative overhead and reimbursement narrows, the healthcare sector is reaching a structural fork in the road where legacy infrastructure is no longer just an IT burden but a direct threat to institutional solvency.

This report examines the widening execution gap between strategic intent and operational reality. It specifically highlights the tension between organizations anchored to the technical debt of the past and a small cohort of market leaders moving toward fully autonomous, cloud-native operations. For leadership, the objective has shifted from simple headcount reduction to the creation of a resilient digital workforce capable of protecting EBITDA and ensuring regulatory compliance in an era of unprecedented margin compression.

About this report

This report is based on a strategic survey of 125 U.S. healthcare payer executives conducted by Alithya. The cohort includes leadership across clinical, financial, and corporate operational functions, representing a diverse cross-section of organizations responsible for budget oversight, clinical outcomes, and digital transformation. By capturing the perspectives of those tasked with navigating rising medical cost trends and evolving regulatory mandates, this analysis provides a directional roadmap for the industry. The findings offer a comprehensive look into organizational readiness, the persistent gap in automation scaling, and the critical execution priorities required to modernize the payer operating model.

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Key insights

8% Enterprise adoption

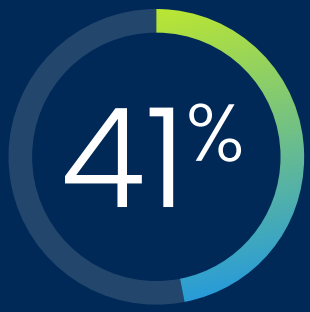
While nearly all payers have initiated automation journeys, only 8% have achieved broad enterprise adoption. This reveals a systemic failure to move beyond isolated task-bots toward a cohesive, logic-based digital workforce.

Intelligent Document Processing (IDP)

An overwhelming 86.4% of payers are currently evaluating Intelligent Document Processing (IDP). This unprecedented interest signals an industry-wide scramble to build the "administrative foundation" required to normalize unstructured data from fax, mail, and email into AI-ready streams.

A significant 41.7% of payers are trapped in hybrid environments

A significant 41.7% of payers are trapped in hybrid environments where legacy infrastructure fragments data accessibility. This fragmentation acts as a tax on innovation, preventing the deployment of high-potential AI agents on top of siloed, on-premise systems.

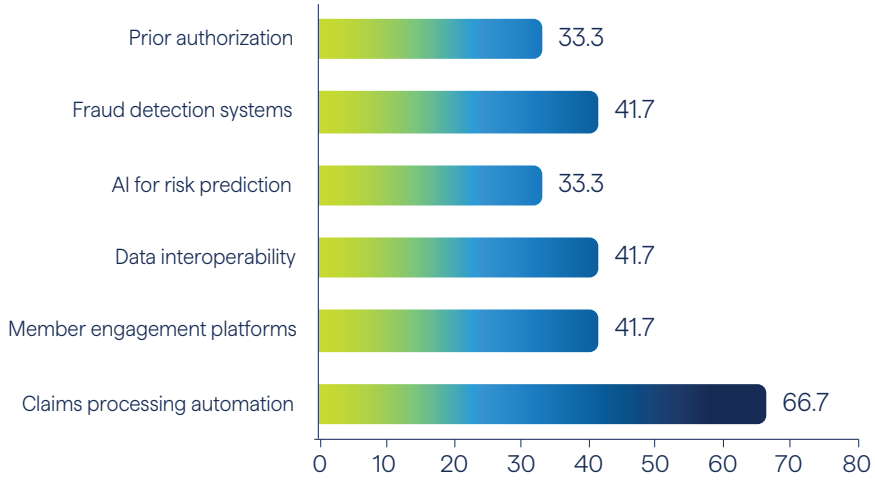




Intake latency

Manual intake for member enrollment and prior authorization is transitioning from an operational burden to a direct compliance liability. With upcoming federal reporting deadlines, "intake latency" is now a primary risk factor for regulatory scrutiny and denial metric exposure.

1 In which areas have your organization made the most significant investments over the past 12–18 months?



Summary of the results

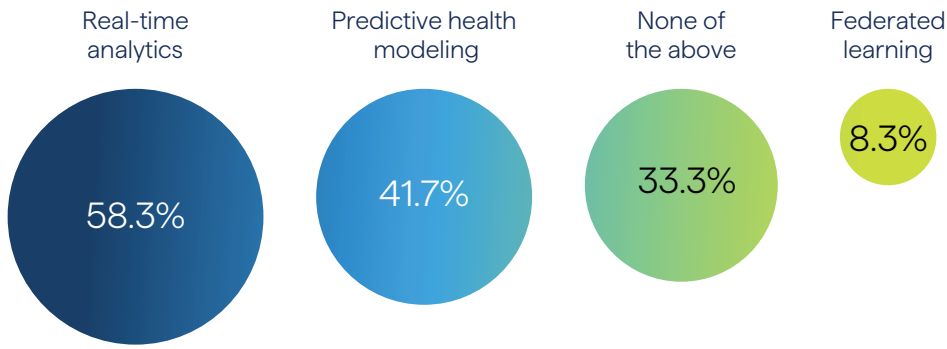
The results show that payers are prioritizing core operational efficiency and risk management in their technology investments. Claims processing automation leads decisively, with 66.7% of payers investing to streamline adjudication workflows and reduce administrative burden. A secondary cluster of priorities—member engagement platforms, fraud detection systems, and data interoperability (each at 41.7%)—reflects payer focus on improving member experience, strengthening program integrity, and enabling cleaner data exchange across partners. Meanwhile, investments in prior authorization modernization and AI-driven risk prediction (both 33.3%) indicate emerging but still uneven adoption of advanced automation and predictive analytics. Collectively, the data suggests payers are balancing near-term operational optimization with selective bets on analytics and digital engagement.

Industry analysis

Health plans are currently pivoting from experimental pilots toward a "productivity imperative" focused on core operational fortification. This shift is substantiated by the 66.7% of surveyed payers prioritizing claims processing automation—a direct response to rising medical cost trends, which PwC projects will reach 7.5% to 8.5% this year[1]. By concentrating capital on adjudication workflows, organizations are re-architecting their technical foundations to absorb the provider labor costs and pharmaceutical price hikes. This move suggests that payers are prioritizing immediate margin protection over long-term exploratory tech.

A secondary cluster of investments in member engagement and data interoperability reveals a critical strategic tension: the gap between operational readiness and consumer trust. While BCG indicates that autonomous AI agents can reduce administrative overhead by up to 50%[2], a HealthEdge study found that only 21% of members currently report using AI-powered tools offered by their plan[3]. This disconnect confirms that while capital is flowing into "digital front doors," long-term success remains tethered to data transparency. The uneven adoption of predictive analytics reflects a calculated "wait-and-see" approach as payers prioritize the cleanup of data exchange infrastructure—a necessary prerequisite for the domain-specific language models (DSLMs) identified as a top 2026 strategic trend[4].

2 Are you currently exploring or investing in any of the following advanced technologies?



Summary of the results

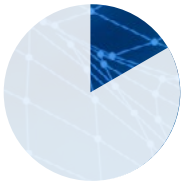
Adoption of advanced technologies remains limited, with only small portions of organizations reporting activity in this space. The most explored areas are real-time analytics (58.3%) and predictive health modeling (42.7%), suggesting early efforts to enhance clinical and operational insight through advanced data capabilities. A smaller share reports activity in federated learning (8.3%), indicating that privacy-preserving AI remains in its infancy. Meanwhile, 33.3% selected "none of the above," underscoring that many organizations are not actively investing in these emerging technologies at all. Overall, the results point to selective experimentation rather than broad adoption, with a focus primarily on data-driven capabilities that are clearly applicable to care delivery and operations.

Industry analysis

Investment priorities are rapidly moving away from retrospective data analysis toward immediate, actionable intelligence to combat margin compression. This is evidenced by the 58.3% of surveyed payers prioritizing real-time analytics—a foundational requirement for the "payment precision" and "anomaly detection" models highlighted in PwC's Global Health Industries Outlook[5]. By pivoting from "pay-and-chase" methods to live adjudication, organizations are seeking to align with the emergence of same-day transactions. This trend indicates that data is no longer viewed as a passive byproduct of business, but as a primary tool for mid-stream financial protection and "medical cost trend" mitigation.

The emphasis on predictive health modeling further suggests a transition from reactive care management to proactive, longitudinal intervention. While predictive AI can significantly reduce acute treatment costs through early identification of high-risk members, the low adoption of federated learning reveals a persistent technical bottleneck. Payers are eager to forecast high-cost events, yet they remain cautious about the decentralized architectures required to train these models without compromising data privacy. As McKinsey notes that "AI-enabled back-end transformations" are now a prerequisite for margin recovery, the 33.3% of payers currently sidelined from these advanced investments may face a widening competitive gap as peers successfully automate the "cognition" of their administrative workflows[6].

3 Many payers are shifting to cloud-native platform to improve scalability, security, and data accessibility. How would you describe the current state of your legacy data modernization (e.g., claims, member, and provider data)?



16.7%

Data is fully modernized to cloud-native



41.7%

Data is partially modernized (hybrid environment)



8.3%

In planning or assessment phase



33.3%

No plans to modernize legacy data

Summary of the results

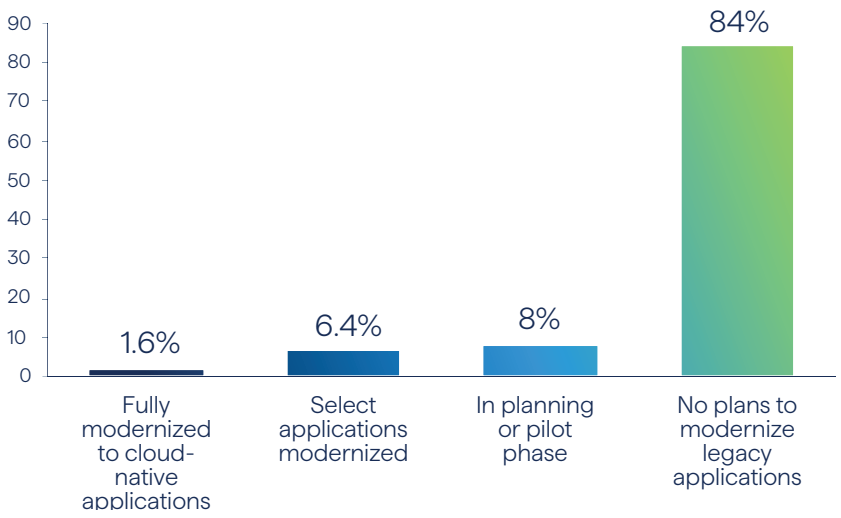
The results show that modernization maturity is mixed and progressing unevenly. The most common state (41.7%) reflects hybrid or partially modernized environments where some systems have been updated while legacy infrastructure remains in place. Meanwhile, 33.3% report having no modernization plans, which may indicate barriers related to cost, regulatory complexity, interoperability challenges, or limited transformation capacity. Only 16.7% have achieved full modernization, positioning them for scalable analytics, AI enablement, and improved digital services. Finally, 8.3% are in planning or assessment stages, reflecting early exploratory steps toward modernization. The data suggests that payer modernization remains in early-to-mid maturity, with full modernization still the exception.

Industry analysis

The push toward cloud-native scalability has hit a significant execution ceiling across the payer sector. While 16.7% of surveyed organizations have successfully crossed the chasm into full modernization, the vast majority remain anchored to what can be described as "technology debt." This isn't just an IT problem—it's a margin crisis. For the 41.7% of payers trapped in hybrid environments, this fragmentation acts as a "silent tax" on innovation. It's the primary reason why high-potential AI initiatives stall: you cannot deploy an agentic workforce on top of siloed, on-premise claims data.

Perhaps most concerning is the 33.3% of payers reporting no current modernization plans. In an environment where Gartner projects that three-quarters of IT budgets are consumed simply by the upkeep of legacy systems, this lack of trajectory suggests a strategic retreat [7]. While these organizations may avoid the immediate switching costs of cloud migration, they are effectively ceding their ability to compete on administrative cost-per-member. As the industry moves toward total transaction transparency, these non-modernizers risk becoming structurally unviable, unable to meet the speed and accuracy requirements that the 16.7% of market leaders are already using to distance themselves from the competition.

4 Modernizing legacy applications is critical to enabling automation and interoperability across core functions. How far along is your organization in updating legacy applications?



Summary of the results

A striking 84% of organizations report having no plans to modernize legacy applications, signaling substantial inertia in application modernization despite its strategic importance. Only 6.4% have moved toward hybrid modernization, and a mere 1.6% claim to be fully modernized with cloud-native applications. A further 8% are still in planning or in the middle of piloting some cloud applications, indicating that less than 10% of organizations have progressed past early stages. This suggests that, while modernization of applications is widely recognized as critical, the actual execution remains very limited with healthcare payer organizations.

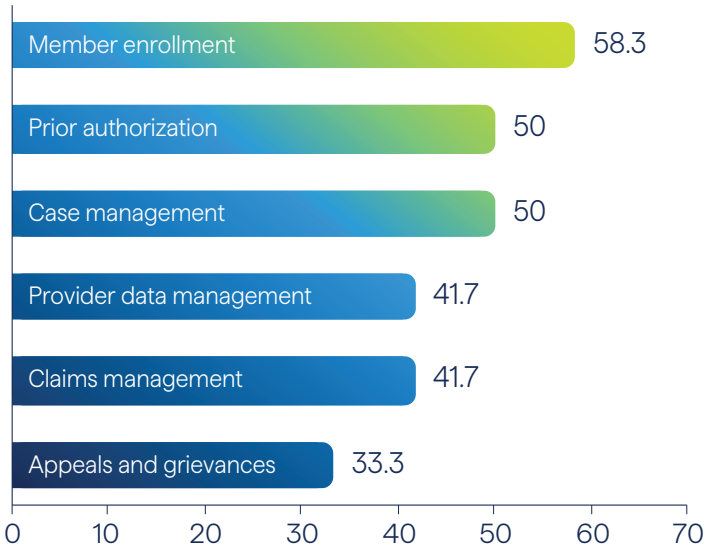
Industry analysis

There is a stark disconnect between the industry's strategic recognition of automation and the actual state of the application layer. While the shift to cloud-native platforms is theoretically essential for interoperability, 84% of surveyed organizations currently have no plans to modernize their legacy applications. This suggests a systemic inertia that will inevitably throttle the ROI of any overlaying AI or analytics investments. The complexity of unwinding monolithic billing and adjudication engines often outweighs the perceived benefits of migration, leading many to "wrap" old tech rather than replace it.

The execution gap is even more pronounced when looking at those who have successfully transitioned. A mere 1.6% of payers claim to be fully modernized with cloud-native applications. This tiny cohort of market leaders is essentially operating in a different reality than the rest of the industry, as they are the only ones capable of the seamless data exchange and agentic automation identified by Gartner as critical for 2026[8]. With fewer than 10% of organizations having progressed past the early pilot stages, the industry is approaching a technological "fork in the road." Payers failing to address this application debt are not just delaying an IT upgrade—they are cementing a permanent structural disadvantage in administrative cost-efficiency.



5 Which processes in your organization are still heavily manual or the most resource intensive to manage within your organization?



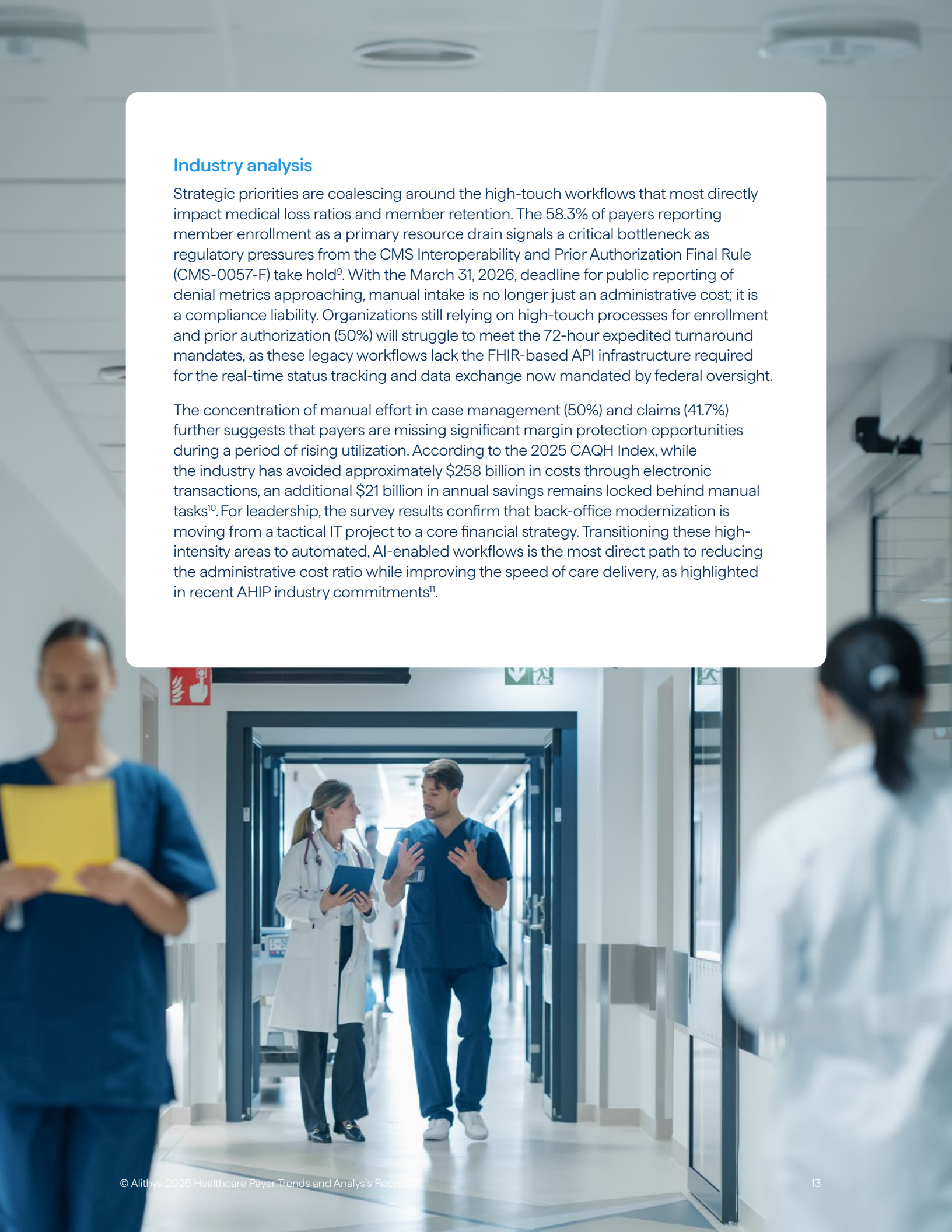
Summary of the results

The results show that payers are prioritizing modernization in high-impact operational areas, led by member enrollment (58.3%), case management (50%), and prior authorization (50%). Claims management and provider data management follow at 41.7%, while appeals and grievances (33.3%) receive comparatively lower modernization focus, suggesting payers are targeting processes most directly tied to administrative efficiency and member experience.

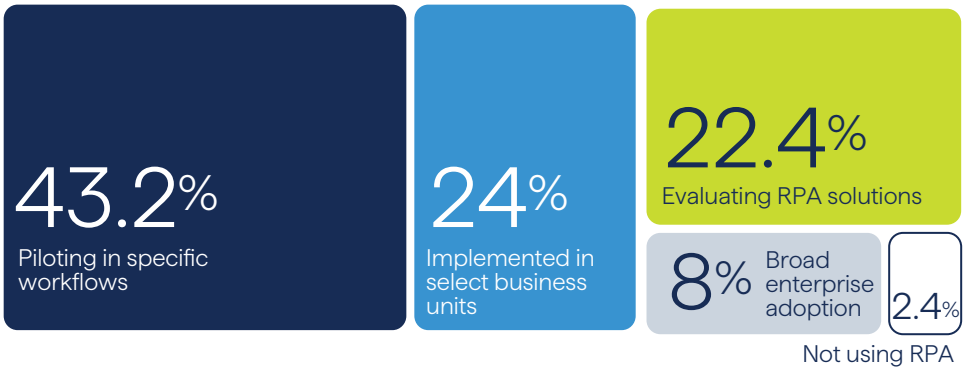
Industry analysis

Strategic priorities are coalescing around the high-touch workflows that most directly impact medical loss ratios and member retention. The 58.3% of payers reporting member enrollment as a primary resource drain signals a critical bottleneck as regulatory pressures from the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F) take hold[9]. With the March 31, 2026, deadline for public reporting of denial metrics approaching, manual intake is no longer just an administrative cost; it is a compliance liability. Organizations still relying on high-touch processes for enrollment and prior authorization (50%) will struggle to meet the 72-hour expedited turnaround mandates, as these legacy workflows lack the FHIR-based API infrastructure required for the real-time status tracking and data exchange now mandated by federal oversight.

The concentration of manual effort in case management (50%) and claims (41.7%) further suggests that payers are missing significant margin protection opportunities during a period of rising utilization. According to the 2025 CAQH Index, while the industry has avoided approximately $258 billion in costs through electronic transactions, an additional $21 billion in annual savings remains locked behind manual tasks[10]. For leadership, the survey results confirm that back-office modernization is moving from a tactical IT project to a core financial strategy. Transitioning these high-intensity areas to automated, AI-enabled workflows is the most direct path to reducing the administrative cost ratio while improving the speed of care delivery, as highlighted in recent AHIP industry commitments[11].



6 What best describes your current adoption of robotic process automation for administrative workflows?



Summary of the results

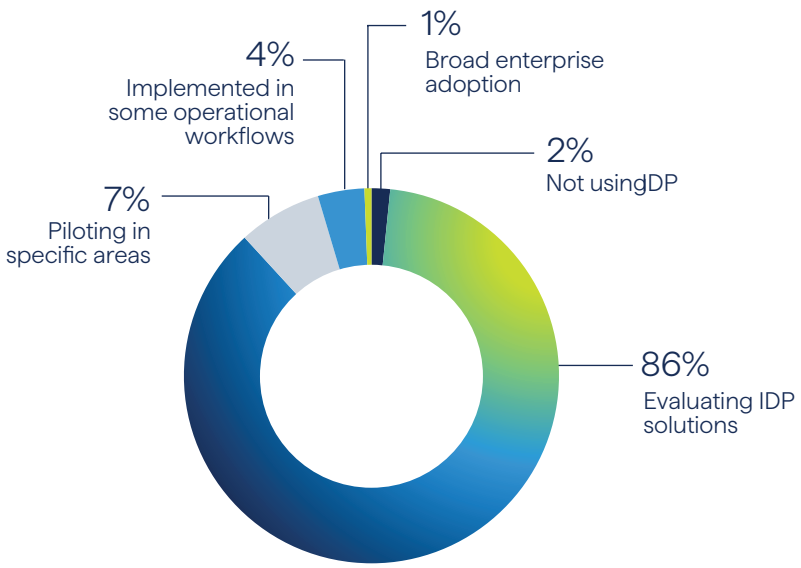
The survey data reveal an industry in a state of high-activity fragmentation, with nearly 98% of payers having moved beyond the initial consideration phase. A significant majority—67.2% of organizations—are currently positioned in the middle of the adoption curve, either piloting RPA in specific workflows or maintaining implementations within select business units. Despite this widespread experimentation, only 8% of respondents report achieving broad enterprise adoption, indicating a persistent hurdle in scaling automation across the full organizational stack. Meanwhile, nearly a quarter of the market (22.4%) is currently evaluating solutions, entering a landscape that has matured significantly since the initial wave of rule-based robotics.

Industry analysis

The 67.2% of organizations currently stalled in the piloting or selective implementation phases reveals a maturity plateau where isolated task automation fails to translate into broad organizational efficiency. Achieving enterprise-wide scale—currently realized by only 8% of the market—requires a transition from fragile, rule-based scripts to logic-based "agentic" automation capable of handling the inherent variability of multi-state payer operations. This shift is essential for bridging the gap between small-scale successes and the resilient infrastructure required to permanently lower administrative cost ratios.

For the 22.4% currently evaluating solutions, the objective has evolved from simple headcount reduction to the creation of fully touchless revenue cycles. These AI-enabled workflows can reduce the cost-to-collect by as much as 60%, providing a significant buffer against rising medical trends.12 The primary competitive advantage for the 8% of early movers is the ability to reallocate human capital toward member retention and complex clinical interventions—functions that directly optimize the medical loss ratio (MLR)—rather than remaining mired in the high-volume, low-value data entry that still defines the majority of the market.

7 What best describes your current adoption of intelligent document processing (IDP) within your mailroom operations (e.g. mail, fax, online, email-based content)?



Summary of the results

The data indicates an industry currently in a massive exploratory phase, with 86.4% of payers reporting that they are actively evaluating Intelligent Document Processing (IDP) solutions. This high level of interest stands in stark contrast to the actual implementation rates, as only 11.8% of organizations have progressed to piloting or selective workflow implementation. Most notably, broad enterprise adoption is nearly non-existent at 0.6%, suggesting that while the theoretical value of automating mailroom and document-heavy operations is universally recognized, the transition from legacy manual handling to AI-enabled ingestion remains a significant operational hurdle for the vast majority of the market.

Industry analysis

The overwhelming 86.4% of payers currently in the evaluation phase reflects an industry-wide scramble to modernize the “administrative foundation” before the scale of incoming data outpaces human capacity. As healthcare enters a period where document automation is becoming core infrastructure, the focus is shifting away from simple digitization toward managed intake pipelines that can normalize data from fax, email, and paper scans into a single, AI-ready stream. For the vast majority still evaluating these tools, the primary goal is to eliminate “intake latency,” where manual document sorting and re-keying create bottlenecks that delay prior authorizations and clinical decision-making.

The nearly non-existent rate of broad enterprise adoption highlights the complexity of moving beyond isolated pilots to a resilient, organization-wide digital workforce. While early IDP efforts often focused on simple OCR accuracy, current market leaders are prioritizing agentic automation that can interpret the intent and clinical context of a document, rather than just its text. Successfully scaling these solutions allows organizations to reduce processing costs by as much as 40% while simultaneously improving compliance and auditability.13 For those currently stuck in evaluation, the competitive advantage lies in designing an intake system that treats document intelligence as a foundational utility rather than a series of disconnected software tools.



Conclusion:

Transitioning to foundational document and data intelligence has evolved from a tactical IT upgrade into a prerequisite for long-term institutional solvency. Market leaders who have achieved full cloud-native modernization are already operating on a fundamentally different cost basis than the rest of the industry, utilizing agentic automation to lower their administrative floor while peers remain tethered to high-touch, manual processes. For the organizations currently sidelined without modernization plans, the risk is structural unviability. As transparency mandates and reimbursement pressures intensify, the ability to reallocate human capital toward high-value clinical intervention will be the sole differentiator. Ultimately, securing the medical loss ratio requires a decisive shift away from “wrapping” legacy technology in favor of a resilient, autonomous digital workforce.

Alithya resolves the execution gap between legacy payer systems and enterprise-wide automation.

We provide the strategic roadmap and technical expertise to transform back-office operations into a competitive advantage by modernizing claims, member, and provider data environments. By building a resilient digital workforce, we help organizations protect their medical loss ratio and ensure institutional solvency. Whether your priority is eliminating manual friction or securing regulatory compliance, Alithya is the partner for navigating the shift toward cloud-native operations.

Contact us

References

1. https://www.pwc.com/us/en/industries/health-industries/library/future-of-payer.html (PwC)
2. https://web-assets.bcg.com/0e/37/f2a0b9ea416c939adc7afb4f9f9c/future-of-digital-health-2026-dec2025.pdf (BCG)
3. https://healthedge.com/resources/blog/ai-in-2026-are-health-plans-and-members-aligned-on-the-future (HealthEdge)
4. https://www.gartner.com/en/newsroom/press-releases/2025-10-20-gartner-identifies-the-top-strategic-technology-trends-for-2026 (Gartner)
5. https://www.google.com/search?q=https://www.pwc.com/gx/en/industries/healthcare/publications/health-industries-outlook.html (PwC)
6. https://www.mckinsey.com/industries/healthcare/our-insights/mckinsey-perspectives-on-healthcare-industry-trends-and-the-year-ahead (McKinsey)
7. https://www.gartner.com/en/newsroom/press-releases/2025-10-20-gartner-identifies-the-top-strategic-technology-trends-for-2026 (Gartner)
8. https://www.gartner.com/en/newsroom/press-releases/2025-10-20-gartner-identifies-the-top-strategic-technology-trends-for-2026 (Gartner)
9. https://www.cms.gov/newsroom/fact-sheets/cms-interoperability-and-prior-authorization-final-rule-cms-0057-f (CMS)
10. https://www.caqh.org/blog/2025-caqh-index-shows-u.s.-healthcare-avoided-258-billion-and-accelerated-automation-interoperability-and-ai-adoption (CAQH)
11. https://www.ahip.org/news/press-releases/health-plans-take-action-to-simplify-prior-authorization (AHIP)
12. https://www.mckinsey.com/industries/healthcare/our-insights/agentic-ai-and-the-race-to-a-touchless-revenue-cycle (McKinsey)
13. https://www.bizdata360.com/intelligent-document-processing-idp-ultimate-guide-2025/ (Bizdata)

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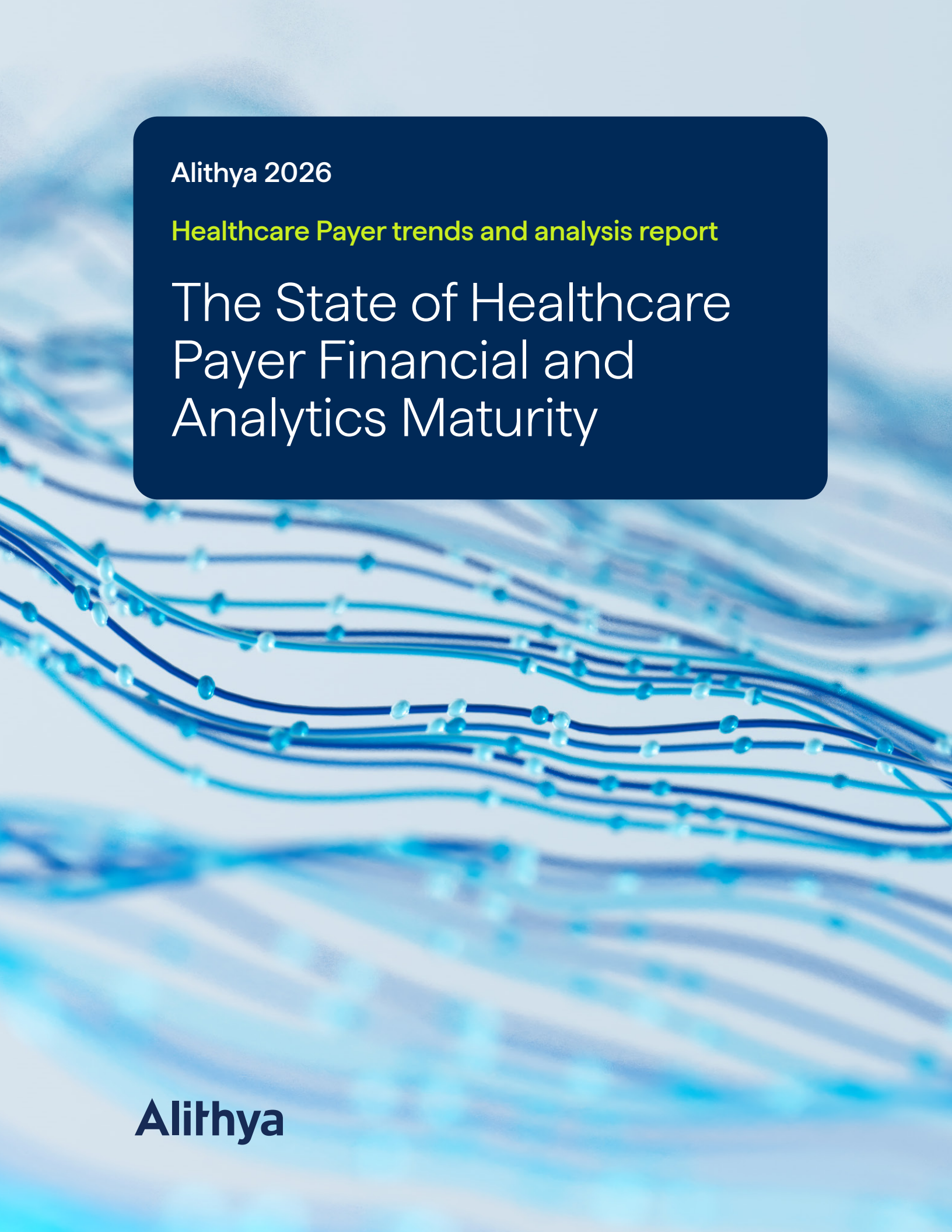
Healthcare Payer trends and analysis report

The State of Healthcare Payer Financial and Analytics Maturity



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Introduction

Healthcare payers are operating in an environment of increasing financial pressure, rising healthcare costs, regulatory complexity, and growing expectations for more efficient, data-driven decision-making. While many organizations have invested in digital platforms, automation, and enterprise systems, the greater challenge is converting those investments into measurable financial, operational, and member-impact outcomes.

This report examines the current state of healthcare payer financial and analytics maturity, focusing on two critical areas: Medical Loss Ratio (MLR) management and the integration of automated back-office financial systems. The findings reveal that while many organizations have established foundational capabilities, significant opportunities remain to improve data integration, enhance visibility across the enterprise, and leverage advanced analytics to support proactive decision-making.

As healthcare moves toward more value-based and outcomes-driven models, the ability to connect financial, operational, and clinical data will become increasingly important. Organizations that move beyond fragmented systems and retrospective reporting will be better positioned to manage costs, improve operational efficiency, and deliver sustainable value for members and stakeholders..

About this report

Alithya surveyed 125 U.S. healthcare payer executives to understand how organizations are progressing from automation toward intelligence. The survey examined the maturity of payer capabilities across financial analytics, system integration, and data-driven decision-making.

The respondent group represents leaders across clinical, financial, and operational functions, providing a multidimensional view of the challenges and opportunities shaping payer transformation. The findings reveal where organizations are advancing, where gaps remain, and what capabilities will be critical for improving financial performance, operational agility, and member outcomes.

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Key insights

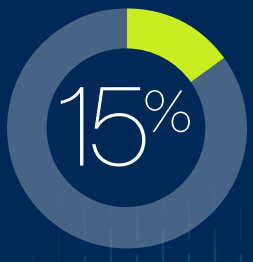
23%

23% of healthcare payers can analyze MLR by population segment and time period, while just 8% have near real-time visibility into MLR performance



Reporting Trends

Most organizations remain focused on retrospective reporting, limiting their ability to proactively identify cost drivers, manage risk, and improve financial outcomes.



15% have integrated financial and operational data across departments, highlighting a significant opportunity to improve enterprise visibility and decision-making.

Cross-functional integration

53% of healthcare payers report limited cross-functional integration, with automation remaining isolated within departments or core financial systems.



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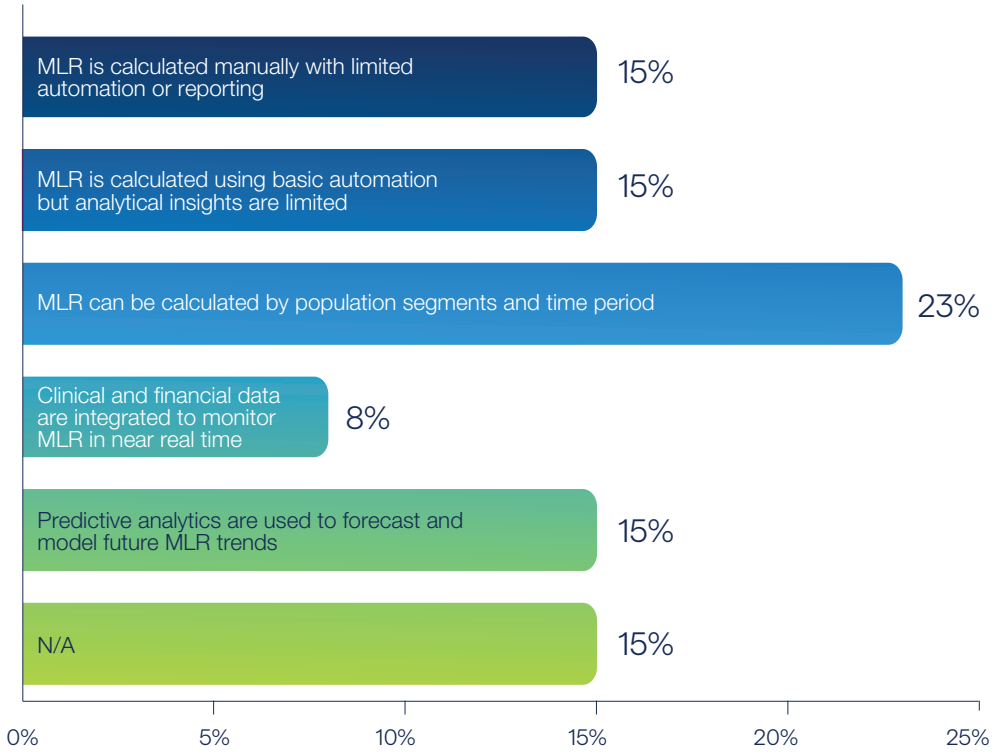
1 How would you describe your organization's current capability to calculate and analyze Medical Loss Ratio (MLR)?



Summary of the results

MLR analytics capabilities remain relatively immature across surveyed organizations. Thirty percent of respondents continue to rely on manual processes or basic automation with limited analytical insight, while fewer than one-quarter can analyze MLR across different member populations or time periods. Only a small percentage have integrated clinical and financial data to monitor MLR in near real time, and 15% report using predictive analytics to forecast future MLR performance. Overall, the findings suggest that many organizations are still relying on retrospective reporting rather than proactive financial and clinical

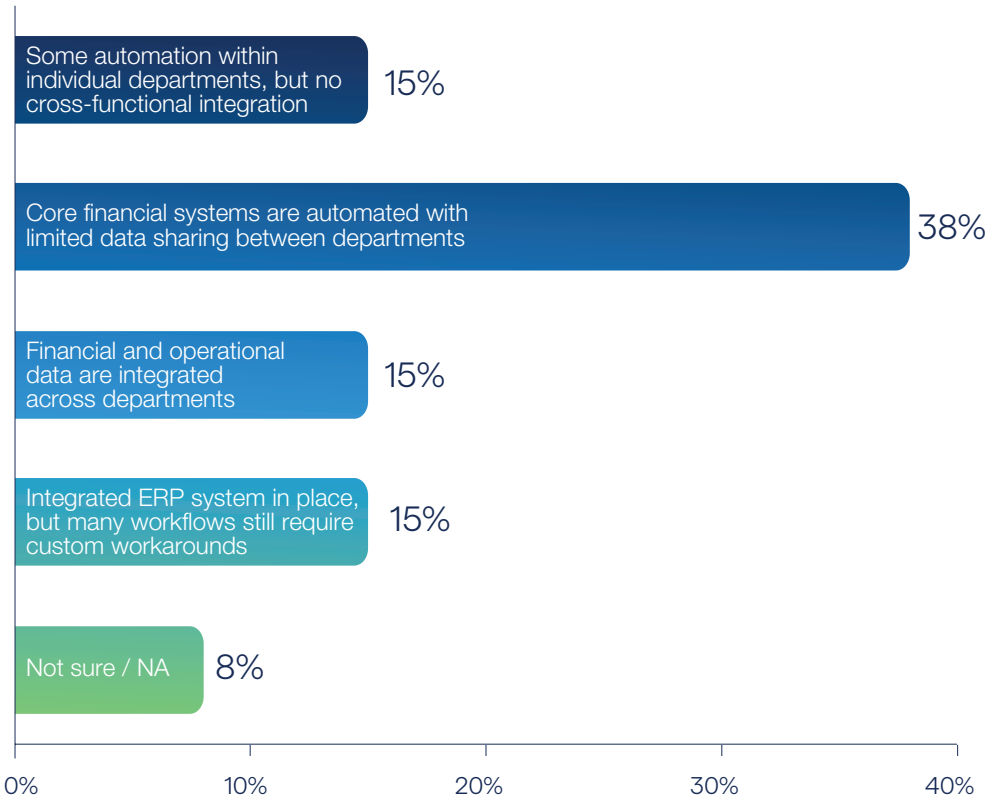
Industry analysis

The results suggest that many healthcare payers are still in the early stages of analytics maturity. While organizations have established the ability to calculate MLR, relatively few have progressed to integrating clinical and financial data or applying predictive analytics to support proactive decision-making. This indicates that, for many organizations, MLR remains primarily a retrospective financial measure rather than a strategic performance management tool. Without timely, integrated insights, opportunities to identify emerging cost drivers, evaluate care management effectiveness, and respond to changing utilization patterns may be missed until financial results have already been impacted.

As medical costs continue to rise and regulatory requirements increase, improving MLR management will require more than automating calculations. CMS requires most health plans to maintain an MLR threshold of 80% or 85% depending on the market segment, making accurate and timely monitoring essential for both compliance and financial performance[1]. Organizations that integrate claims, clinical, pharmacy, and financial data will be better positioned to identify trends earlier, improve forecasting accuracy, and make more informed decisions that balance cost management with quality outcomes. Industry research also highlights that advanced analytics and AI capabilities can help payers improve operational efficiency and develop more proactive approaches to managing healthcare costs[2].



2 How would you describe the current maturity of your organization's automated back-office financial systems and their integration across departments/ organization?



Summary of the results

The findings indicate that many healthcare payers have established automation within their core financial systems but have yet to achieve enterprise-wide integration. More than one-third (38%) report automated core financial systems with limited data sharing between departments, while an additional 15% have automation confined to individual departments. Only 15% have integrated financial and operational data across the organization, although these environments still require manual intervention. Another 15% have implemented an integrated ERP system but continue to rely on custom workarounds, suggesting that implementation alone has not eliminated process inefficiencies.

Industry analysis

The survey findings suggest that many healthcare payers have successfully implemented foundational financial technologies but continue to face challenges realizing their full value. Automation has improved many core finance functions, yet the limited integration between departments and continued reliance on manual processes indicate that data and workflows remain fragmented. Even among organizations with ERP systems in place, the continued use of workarounds suggests that technology adoption has not always translated into streamlined operations. These limitations can create barriers to timely reporting, accurate forecasting, and coordinated decision-making across finance, claims, operations, and clinical functions.

As healthcare organizations continue to face financial pressure and increasing operational complexity, the next phase of transformation will depend on connecting existing systems and creating a unified view of enterprise performance. CMS has emphasized the importance of interoperability and data exchange in reducing administrative burden and improving healthcare operations[3]. For payers, integrated financial and operational data can enable faster insights into cost drivers, improve resource allocation, and support more agile decision-making. The competitive advantage will come less from implementing additional systems and more from improving how existing technology platforms, workflows, and data assets work together to create trusted, actionable intelligence across the enterprise.

Conclusion:

The survey findings highlight a common theme across healthcare payer organizations: technology adoption has advanced, but achieving true operational intelligence remains a work in progress. While many organizations have automated core financial processes, fewer have developed the integrated data capabilities needed to analyze performance in real time, predict future trends, and proactively manage financial outcomes.

The next phase of transformation will require payers to move beyond disconnected systems and toward a more unified data ecosystem that connects financial, operational, and clinical insights. By improving analytics maturity, reducing manual processes, and leveraging advanced technologies such as AI and predictive analytics, healthcare organizations can strengthen financial performance while supporting better decision-making and improved member outcomes.

Move from reporting to predictive insights

Many healthcare payers have automated systems in place but still rely on fragmented data and retrospective reporting. Alithya helps organizations integrate financial, operational, and clinical data to improve visibility, strengthen MLR management, and make more proactive decisions.

Connect with our healthcare experts

About Alithya

We are trusted advisors who leverage AI and the latest technologies in our strategic consulting and digital transformation services. We help solve business challenges that enable our clients to unlock new opportunities, modernize processes, and gain efficiencies. We leverage a world-class team of passionate industry experts, AI-based IP solutions, the latest digital technologies, a solid understanding of mission critical business applications, and a partner ecosystem to accelerate results. We've built a foundation of success that includes a specialized global delivery network to provide end-to-end solutions.

Our HITRUST-certified and HIPAA-compliant solutions deliver this impact across the modern healthcare enterprise:

- / Agentic AI for providers
- / AI-powered workforce management
- / Enterprise modernization
- / Cost of care analytics
- / Alithya Rapid Suite
- / Digital front door

Strategic consulting

- AI and digital strategy
- Organization performance
- Cybersecurity
- Enterprise architecture
- Process intelligence
- Change management
- Program management services

Enterprise transformation

- ERP, SCM, EPM, CRM, HCM implementations
- Data and analytics
- GenAI and agentic AI
- Application modernization and integration
- Project operations
- Cloud infrastructure
- Custom applications development
- Control/software engineering

Business enablement

- Digital adoption and training
- Managed services
- Change enablement
- Quality engineering
- AI continuous improvement

The Alithya team

Local talent | Smart shoring | Agile squads

Our technology partners

aws partner network

Microsoft Solutions Partner

ORACLE Partner

salesforce partner

1. https://www.cms.gov/marketplace/private-health-insurance/medical-loss-ratio (CMS)
2. https://www.mckinsey.com/industries/healthcare/our-insights/rewiring-healthcare-payers-a-guide-to-digital-and-ai-transformation (McKinsey)
3. (Source: CMS, Interoperability and Prior Authorization Final Rule) CMS – Interoperability and Prior Authorization Final Rule: https://www.cms.gov/priorities/key-initiatives/burden-reduction/interoperability (CMS)

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