



How cloud, AI and interoperability are redefining health plan performance

A clear divide is emerging across the health plan market, and it is widening quickly. A growing group of payers has moved beyond AI pilots, proofs of concept and isolated automation wins. These organizations are now embedding AI into the way operations run. The difference is showing up in performance: 86.5% report measurable top-line growth, compared with 22% of organizations still in early adoption¹. Administrative costs are coming down. Provider relationships are improving. Members are getting faster answers with fewer delays. For health plan executives still deciding where to place the next AI investment, this is no longer an abstract conversation about future competitiveness. The gap is visible, the momentum is real and the opportunity to close it on favorable terms will not remain open indefinitely.

The pressures facing health plans are familiar. Members expect personalized, omnichannel experiences that meet them where they are, not call-center queues and paper-based processes. Providers continue to carry a heavy administrative burden, especially in prior authorization workflows that consume the time clinical teams could otherwise spend on care. Payer operations must reduce cost, improve quality outcomes, manage regulatory complexity and protect sensitive member data from growing security threats. At the same time, employees need modern collaboration tools and real-time operational insight to make better decisions, faster.

These challenges are interconnected, and siloed technology cannot solve them. The Cognizant TriZetto® and Microsoft partnership reflects a practical path forward: bringing together cloud infrastructure, AI capabilities and deep healthcare domain expertise into a connected system designed for the operational realities of the payer enterprise.

The hidden cost of fragmented AI

Most health plans already use AI in some form. Chatbots support member inquiries. Predictive models identify high-risk members. Automation tools improve parts of the claims workflow. What many organizations still lack is AI that works as a connected operating capability with investments in one area creating value in another, data moving across the payer-provider ecosystem with less friction, and each plan's clinical and operational knowledge strengthening the tools employees use every day.

The business impact of fragmentation is measurable. IDC research suggests that organizations pursuing structured, coordinated

AI strategies can unlock up to 3.7 times more² value than those running disconnected initiatives. In healthcare, where margins are tight and administrative expense consumes a significant share of the premium dollar, that difference is not theoretical. It can determine whether AI produces incremental improvement or meaningful transformation.

For health plan executives, the implication is clear: The architecture behind an AI investment matters as much as the investment itself. Fragmented AI delivers fragmented outcomes. Sustainable value requires a connected strategy.

What a strategic partnership looks like in practice

The collaboration between Cognizant and Microsoft offers a deliberate response to this challenge, one shaped around payer operations rather than generic enterprise AI.

Cognizant brings deep expertise in claims processing, utilization management and payer technology, with decades of experience embedded in the workflows, regulations and business requirements that define health plan operations. Microsoft provides the Microsoft Azure cloud platform, including the scale, security and AI infrastructure needed to support enterprise adoption without requiring health plans to rebuild their technology foundations from the ground up.

Together, these capabilities create practical value: end-to-end electronic prior authorization, available today on the Microsoft Marketplace, with a roadmap that extends into care gaps management, clinical data exchange and provider access.



Prior authorization as a strategic asset

Prior authorization remains one of the most persistent pain points in the payer-provider relationship. It is costly for health plans to administer, burdensome for providers to manage and frustrating for members when delays stand between them and care. Regulatory pressure from the Centers for Medicare and Medicaid Services (CMS), particularly the Interoperability and Prior Authorization Final Rule (CMS-0057-F), has accelerated the need for change. But compliance is only the starting point.

TriZetto's electronic prior authorization solution reframes the workflow from an administrative requirement into a strategic capability. Built on the HL7 Fast Healthcare Interoperability Resources (HL7® FHIR®) standard, the platform connects payers and providers through a seamless intermediary that supports the full workflow: Coverage Requirements and Discovery (CRD) to determine in real time whether authorization is required, Documentation Templates and Rules (DTR) to capture the right clinical information before submission and Prior Authorization

Support (PAS) to modernize exchange beyond legacy X12 278 transactions.

The operational impact is significant³. CRD transactions alone have been shown to reduce the volume of authorization requests that need to be submitted by 70%, because many requests can be resolved at the point of care before they enter the queue. Cost reduction compared with manual processes can reach 90%⁴. Providers can save up to 17 minutes per transaction, a meaningful reduction in administrative burden when multiplied across thousands of daily interactions⁵.

For health plan executives, the value extends well beyond efficiency. Effective electronic prior authorization can improve provider relationships at a time when network satisfaction is a competitive differentiator. It can reduce operational overhead that erodes margins. It can also create a structured, FHIR-compliant data foundation for the next wave of clinical and quality use cases.

The vision: Interoperability as infrastructure

Prior authorization is the entry point. The broader vision is reflected in TriZetto's Unify strategy, which positions payer-provider interoperability not as a stand-alone product category, but as foundational infrastructure for what comes next.

TriZetto Unify strategy is designed as a bilingual platform that supports both FHIR and X12, connecting health plans with providers, clinical guideline vendors, delegated vendors, utilization management systems and care management programs through a common intermediary. The platform supports intelligent format conversion, onboarding and authentication, API gateway management and bidirectional data exchange, while aligning with TECCA/QHIN requirements and the CMS network pledge.

This infrastructure can support use cases that health plan leaders have been working to advance for years: care gaps management that surfaces actionable insight in the provider workflow instead of retrospective reports; clinical data exchange that supports solicited prior authorizations and claims adjudication; and provider access that gives clinicians real-time visibility into member clinical data aligned with CMS-0057 requirements. Each use case builds on the same interoperability foundation, helping reduce the marginal cost and complexity of expansion over time.

That is what separates Unify from point-solution thinking. When interoperability becomes infrastructure, value compounds.

AI in the flow of healthcare work

The TriZetto Unify strategy creates the data foundation. The AI use cases built on top of it make that intelligence available in the daily workflows where payer teams, providers and members experience the most friction.

Prior authorization offers a clear example. Today, policy ingestion is often manual, questionnaires can be static, routing decisions may rely on brittle rules and clinical reviewers spend valuable time on cases that could be resolved faster if the right data were available at the right moment.

An AI-enabled workflow changes that dynamic. Intelligent policy ingestion can help keep authorization criteria current as guidelines change. Automated questionnaires can surface documentation requirements based on the clinical context of each request. Predictive routing can direct complex cases to the right reviewers without manual triage. Population-level insights

can reveal patterns that inform clinical policy, network strategy and operational planning.

The same logic extends across payer operations. Predictive models can identify care opportunities earlier, surfacing gaps before they become costly events. AI-driven benefit and cost estimators embedded in provider workflows can improve coverage transparency at the point of decision-making. Member navigation tools informed by individual care data can support more relevant engagement and better adherence.

These are not abstract concepts. They reflect the AI use cases Cognizant is building into the TriZetto product roadmap and the operational priorities health plan executives continue to place at the top of their agendas: speed, accuracy, transparency, cost control and better experiences for providers and members.

In practice: AI in the flow of appeals and grievances

Appeals and grievances processing is among the most document-intensive and highly regulated workflows in payer operations. It is also a practical example of how AI can strengthen the work health plan teams already do, helping them move faster while keeping human expertise focused where it matters most.

For one leading healthcare payer, Cognizant implemented a generative AI-powered categorization assistant built on Microsoft Azure OpenAI. The plan was managing more than 600 cases each day, with individual cases often supported by hundreds of pages of clinical documentation. Manual review averaged 30 minutes per case, creating a clear opportunity

to improve speed, consistency and reviewer productivity.

The impact: Processing time moved from approximately 30 minutes to seconds; labor costs were reduced by 80%; categorization accuracy reached 86%; and more than 50,000 cases were processed. Just as important, reviewers were able to spend more time on complex cases that require clinical judgment, empathy and experience.

The broader lesson is straightforward: AI creates lasting value when it is grounded in payer domain expertise, governed responsibly and supported by infrastructure that can scale. That is where the Microsoft Azure foundation becomes essential.

The infrastructure advantage: Microsoft Azure at scale

For AI-enabled payer workflows to move from promising use cases to enterprise capability, they need infrastructure that can support scale, security and continuous innovation. Building TriZetto's electronic prior authorization solutions on Microsoft Azure, and making them available through the Microsoft Marketplace, reflects a practical decision about where modern health plan technology needs to operate.

Microsoft Azure provides the scalability to support variable transaction volumes, the security architecture healthcare requires and the AI services, including Microsoft Azure OpenAI, that help power

intelligent capabilities within the platform. For health plans with existing Microsoft Azure Consumption Commitments, Marketplace availability can also simplify procurement and help accelerate adoption using investments already in place.

Just as important, building on Microsoft Azure positions health plans to benefit from a cloud and AI infrastructure that continues to advance. As Microsoft Azure capabilities evolve, payers can extend their interoperability and AI strategies without repeatedly re-platforming the systems that support them.

A framework for health plan executives

Research on organizations generating substantial value from AI points to five connected drivers: alignment between AI investments and business strategy; technology and data infrastructure that can scale; operating models and culture that support adoption; governance and security frameworks for responsible AI; and accumulated expertise that turns AI from experimentation into repeatable value creation.

Health plans that view the Cognizant-Microsoft partnership through this lens will find that it addresses each of these dimensions. TriZetto provides the payer-specific technology and data foundation. Microsoft Azure provides the cloud, security and AI infrastructure. The partnership's go-to-market approach, including implementation

support, training and change management resources, helps address the organizational dimensions of adoption. Cognizant's healthcare domain expertise helps ensure that AI use cases are grounded in how health plans operate and in the outcomes that matter most.

For executives evaluating where to focus AI and interoperability investments, the question is not which point solution solves the next immediate problem. The more strategic question is which platform creates the foundation for compounding value: where each new use case becomes easier to deploy, where data from one workflow improves decisions in another, and where the organization's clinical and operational intelligence becomes part of the tools employees rely on every day.



Cognizant TriZetto's electronic prior authorization solutions are available today on the Microsoft Marketplace. The TriZetto Unify platform, including care gaps management and clinical data exchange, is on the near-term roadmap.

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