



Product sheet

TriZetto Provider Electronic Prior Authorization

Less paperwork. Stronger outcomes.

Prior authorization remains a major administrative challenge for providers. Care teams spend on average nearly 28 hours per week on administrative tasks, resulting in revenue leakage and delayed or denied claims.¹ These inefficiencies undermine patient satisfaction, staff morale and financial outcomes. Outdated processes increase denial risk, delay access to essential treatments and contribute to staff burnout. Providers need a smarter way to manage prior authorization—one that works within existing workflows, reduces unnecessary requests and enables faster decisions.

Faster, smarter, patient-centered care

TriZetto® Provider Electronic Prior Authorization transforms prior authorization from a barrier into an enabler of better care. By embedding Da Vinci-compliant HL7® FHIR® APIs—Coverage Requirements Discovery (CRD), Documentation Templates and Rules (DTR) and Prior Authorization Support (PAS)—directly into EHR workflows, providers gain clarity and efficiency. Instead of navigating multiple portals or reentering information, care teams receive instant answers on authorization requirements, guidance on documentation and a streamlined digital path to submit requests and receive responses in real time.

What sets TriZetto apart is flexibility. While many solutions focus solely on FHIR, our platform recognizes that providers are at different stages of adoption. TriZetto Provider Electronic Prior Authorization translates and converts between legacy 278 transactions and FHIR® PAS APIs, allowing providers to modernize at their own pace. We meet providers wherever they are in their FHIR journey, ensuring both early adopters and those reliant on legacy standards benefit immediately. This dual capability reduces risk and smooths the transition to modern interoperability standards without disrupting care delivery.

Measurable value delivered

By embedding prior authorization directly into workflows and reducing rework, providers realize measurable improvements across clinical, financial and operational outcomes. The solution delivers value through efficiency, stronger patient experiences, improved care coordination and a sustainable operating model.

- Reduced unnecessary prior authorization submissions by 70% with upfront coverage checks²
- 11 minutes saved per transaction, returning hundreds of hours to patient care annually³
- \$317 million in potential cost savings by reducing wasted administrative effort⁴
- Improved patient trust and satisfaction with faster access to necessary treatments
- Reduced staff burden and burnout by minimizing repetitive, manual tasks
- Future-proof technology foundation with seamless transition between legacy 278 and FHIR® PAS



Why TriZetto?

At the core of our solution is an intelligent intermediary, a strategic expansion of the TriZetto Provider Solutions® clearinghouse. Our intermediary powers bilingual processing across FHIR® APIs and legacy X12 transactions, enabling true bidirectional data exchange through standards conversion and translation. Providers can transition seamlessly from legacy workflows to modern interoperability without sacrificing efficiency or payer reach. With the scale and reliability of the TriZetto Provider Solutions clearinghouse, providers connect to thousands of payers through a single relationship. Unlike point solutions that address only part of the workflow, Cognizant combines proven clearinghouse infrastructure, bilingual processing and intelligent automation to deliver a complete, future-ready solution.

With TriZetto Provider Electronic Prior Authorization providers can:

- Eliminate unnecessary requests by identifying upfront which services require prior authorization
- Expedite approvals by increasing awareness of documentation requirements
- Improve patient experiences by providing quicker access to care

1. https://services.google.com/fh/files/misc/measuring_admin_burden_2024_ebook.pdf

2. Cognizant data analysis

3, 4. CAQH Index Report 2023

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