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10 major moves in healthcare interoperability in 2025

Executive summary

In 2025, interoperability didn't just meet mandates—it powered momentum.

Across payers, providers and intermediaries, the industry crossed an irreversible threshold:

- Regulation forced action, but execution exposed readiness gaps.
- FHIR® adoption expanded, but workflow integration became the bottleneck.
- Intermediaries proved essential, not optional.
- Operating model alignment—not technology—became the primary constraint.

Below, you'll find the full narrative supplemented with impact insights and reference points for deeper exploration.

1. CMS-0057-F turned interoperability into a board-level priority

The finalization of CMS-0057-F (CMS Interoperability and Prior Authorization Final Rule) accelerated enterprise-level investment across payer and provider organizations.

- **Payers:** Nearly all national and large regional plans now have formal Application Programming Interface (API) programs underway (Patient Access, Provider Access, Prior Authorization).
- **Adoption update (late 2025):** ~43% of payers have not yet started API implementation, improved from earlier in the year, but roughly two-thirds report being 25% or less complete.
- **Providers:** Large systems moved into pilots and vendor selection, yet ~47% of providers report they have not begun implementation or testing.
- **Challenge:** Aggressive timelines paired with unclear ownership models.
- **Success:** Interoperability is no longer optional—it is funded, governed and owned at the executive level.

Impact summary

CMS-0057-F reframed interoperability from an IT compliance task into an enterprise risk, governance and capital-allocation issue, forcing executive sponsorship and cross-functional accountability.

2. FHIR moved from experimentation to production

FHIR usage crossed a meaningful threshold this year.

- **Adoption:** ~71% of organizations report using FHIR in active production workflows, up from the mid-60% range in 2024.
- **Payers:** Increasingly favor blended models (FHIR + X12).
- **Providers:** Most hospitals support FHIR-based patient access apps, even if broader API compliance remains incomplete.
- **Reality check:** Version fragmentation and implementation variability remain top friction points.

Impact summary

FHIR is no longer debated as a standard—it is assumed.
The strategic question shifted to how FHIR is operationalized, governed and scaled across heterogeneous ecosystems.

3. Electronic prior authorization (ePA) became the proving ground

ePA emerged as the most visible—and scrutinized—FHIR use case.

- **Payers:** Early adopters report reduced manual review for targeted services.
- **Providers:** Adoption lags where workflows are not embedded into EHRs or familiar portals.
- **Adoption insight:** Fewer than 20% of providers expect clinicians to interact directly with ePA APIs at point of care; most expect centralized or administrative workflows.
- **Challenge:** CRD data quality and consistency varies significantly by payer.

Impact summary

ePA exposed the difference between technical interoperability and operational interoperability—demonstrating that APIs only reduce burden when embedded into real workflows.

4. Provider Access APIs reframed payer-provider relationships

For the first time, payers are required to expose data to providers at scale.

- **Providers:** Strong preference for aggregated or intermediary-led access versus payer-by-payer APIs.
- **Payers:** Heightened internal focus on governance, security and competitive exposure.
- **Adoption signal:** Nearly half of providers have initiated planning, but most depend on partners for execution.

Impact summary

Provider Access APIs shifted providers from passive recipients to active data consumers, accelerating demand for aggregation, normalization and governance layers.

5. TEFCA transitioned from concept to early operational reality

The Trusted Exchange Framework and Common Agreement advanced meaningfully this year.

- **Progress:** Qualified Health Information Network (QHIN) participation expanded and query volumes increased.
- **Limitations:** Operational consistency and trust frameworks are still maturing.
- **Strategic signal:** TEFCA is increasingly viewed as complementary to APIs, not a replacement.

Impact summary

TEFCA validated federated trust for query-based exchange, while clarifying that transactional and workflow-driven use cases remain API-led.

6. Adoption gaps between large and small providers widened

Interoperability maturity diverged sharply by provider size.

- **Large systems:** Actively piloting FHIR-enabled workflows.
- **Small and mid-size providers:** Still reliant on clearinghouses, portals and managed services.
- **Updated data:** Nearly 50% of providers report they have not started implementation.

Impact summary

Interoperability became a scale advantage, reinforcing the necessity of intermediary-led models that reduce technical and financial barriers for smaller providers.

7. Clearinghouses and intermediaries reentered the spotlight

Rather than being displaced, intermediaries became accelerators.

- **Adoption signal:** 80%+ of vendors and clearinghouses plan to assist with API compliance.
- **Role expansion:** Translation, orchestration, security mediation and observability across X12 and FHIR standards.
- **Success:** Faster onboarding and connectivity at scale.

Impact summary

Intermediaries evolved from transaction routers into operational enablement platforms, bridging compliance and real-world adoption.

8. Security, identity and trust frameworks took center stage

As APIs expanded, so did scrutiny.

- **Payers:** Increased investment in OAuth, identity proofing and audit controls.
- **Providers:** Concern over administrative versus clinical access.
- **Intermediaries:** Unified Data Access Profile (UDAP) for increased security and trust frameworks.
- **Reality:** Interoperability success is inseparable from security posture.

Impact summary

Trust frameworks became gating factors—not enhancements—determining the pace and scope of interoperability adoption.

9. Measurement shifted from compliance to outcomes

Organizations stopped asking
"Are we compliant?" and started asking:

- Are APIs actually being used?
- Are administrative costs declining?
- Is access improving?

Impact summary

Interoperability success began to be judged by utilization and efficiency, setting the stage for outcome-based accountability.

10. Cultural alignment emerged as the hardest challenge

Technology was not the biggest blocker—operating models were.

- **Payers:** Balancing regulatory exposure with innovation.
- **Providers:** Managing workflow redesign and change fatigue.
- **Insight:** Interoperability is now an enterprise transformation goal, not an IT project.

Impact summary

Sustainable interoperability depends on leadership, governance and change management, not just technical delivery.

Strategic implications

Interoperability value is created through orchestration, not routing. Managing variability, workflows and outcomes now defines success.

Intermediaries are value producers, not middlemen. They enforce standards, generate insight and enable scale across X12 and FHIR.

Security is a growth lever. Identify, consent and auditability directly determine adoption speed and trust.

Written and prepared by:

Stephanie Rickard

VP, Healthcare Strategy & Growth
TriZetto® Unify Strategy Growth Leader

stephanie.rickard@cognizant.com
TriZetto Unify | Cognizant

Cognizant TriZetto® solutions

- TriZetto® Unify strategy—compliance accelerator, clinical exchange differentiators

- TriZetto intermediary and network offers X12 to FHIR conversion to ensure we are meeting providers where they are within their workflow

- End-to-end prior authorization solutions available today with multiple provider and payer experiences preintegrated into existing workflows and core systems

- Cognizant QHIN integration underway to foster national clinical data exchange

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References

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World Headquarters

300 Frank W. Burr Blvd.
Suite 36, 6th Floor
Teaneck, NJ 07666, USA
Tel: (201) 801-0233

European Headquarters

280 Bishopsgate
London, EC2M 4AG
England
Tel: +44 (01) 020 7297 7600

India Operations Headquarters

Siruseri-Software Technology Park of India (STPI)
SDB Block – Ground Floor North Wing
Plot No H4, SIPCOT IT Park, Chengalpattu District
Chennai 603103, Tamil Nadu
Tel: 1800 208 6999

APAC Headquarters

1 Fusionopolis Link,
Level 5 NEXUS@One-North,
North Tower, Singapore 138542
Phone: + 65 6812 4000

WF 4314600