



# Reimagining healthcare: A strategic imperative

US healthcare is at a crossroads. Technology and collaboration are driving meaningful change—here's how health plans can lead.

## The convergence imperative: Aligning payers and providers

Value-based care is no longer a future aspiration—it's a present-day necessity. Preventative, outcomes-driven models deliver better member health, reduce long-term costs and improve resource utilization. Yet, many health plans lack the digital infrastructure and agility to scale these models. Robust systems are essential for proactive care, but mass adoption remains a challenge. In 2023, value-based care adoption reached 45% (AHIP).

Encouragingly, silos between payers and providers are dissolving. True convergence is emerging where data, workflows and incentives align to deliver coordinated, member-centric care. This collaboration enables real-time insights, predictive analytics and shared accountability—foundations for successful value-based care.

## Enhanced care management: From reactive to proactive

Traditional care management focuses on historical health events, resulting in limited member insights, higher costs and poor engagement. To close care gaps, health plans must shift to a proactive approach:

- Address social determinants of health (SDOH) by connecting care managers to resources that improve member experience
- Leverage remote patient monitoring (RPM) data for continuous, adaptive care planning
- Apply predictive analytics and AI to identify gaps, predict adverse events and prevent them



## Operational cost control under scrutiny

Government mandates and regulatory pressures are intensifying. From fraud prevention to Star ratings, health plans face growing scrutiny that directly impacts margins—especially in Medicare Advantage. Operational efficiency is now a competitive necessity. Members are not concerned with financial performance; public opinion often casts health plans as the villain in the healthcare continuum. According to KFF, one in three individuals neglect care needs, and 62% worry about meeting deductibles before coverage begins.

## Modernizing IT systems

Digitization is reshaping the healthcare experience. Modern platforms must deliver seamless integration, enhanced security, scalable infrastructure and meaningful use. This modernization extends beyond core administration platforms to data enablement. Data still lacks true interoperability, limiting its utility. At AHIP 2025, one session highlighted that “30%–40% of our data is bad.”

## Member engagement: The new battleground

In a crowded marketplace, member engagement is a key differentiator. Health plans must move beyond transactional interactions to build meaningful relationships. Personalization, omnichannel communication and digital convenience are now table stakes for retention and loyalty. According to J.D. Power, a new class of health plans is emerging—prioritizing engagement, communication and digital convenience. The national average satisfaction score for commercial health plans is 563 out of 1,000.

## AI in healthcare: From hype to impact

Artificial intelligence is transitioning from buzzword to business driver. Meaningful AI applications—fraud detection, claims automation and clinical decision support—deliver measurable value. The focus is on deploying AI responsibly, with clear ROI and ethical safeguards. In a recent IDC survey, security, IT optimization and AI are the areas most immune to budget cuts. Over 55% of respondents anticipate increased tech budgets to meet the demand for “AI everywhere.”

## Operating landscape: Policy and reform

This year marks a turning point for healthcare policy. The Centers for Medicare & Medicaid Services (CMS) launched “Make Health Tech Great Again,” advancing interoperability across health technologies. The initiative empowers patients with greater access to health data, reduces administrative burdens and improves outcomes through seamless data exchange.

Prior authorization reform is gaining momentum. Industry leaders and policymakers—including RFK Jr. and Dr. Oz—have pledged comprehensive changes, while AHIP introduced its own reform pledge. Major payers such as Aetna, Humana and Highmark have already implemented procedural updates. The conversation is shifting toward medical necessity, signaling a broader commitment to patient-centric care.

The passage of the One Big Beautiful Bill Act (OBBA), signed into law on July 4, represents the most sweeping healthcare reforms in over a decade. The legislation is projected to cut \$1 trillion from Medicaid over the next ten years, potentially resulting in more than nine million Americans losing coverage (Congressional Budget Office).

## The path forward

All these themes and shifts are converging to demand fundamental transformation. Health plans and providers must evolve—not incrementally, but decisively—to meet the moment.

**Ready to lead the transformation? Connect with Cognizant to discover how we can help you shape the future of healthcare.**

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