State of the

Healthcare Financial Experience 2025

Executive Summary

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Healthcare at a Crossroads

The healthcare industry is navigating a moment of profound transformation. Costs are climbing, digital expectations are accelerating and trust between stakeholders is under strain. To better understand this evolving financial landscape in healthcare, Zelis commissioned Datos Insights to conduct a multi-part study drawing on the perspectives of consumers, employers and payers during the first half of 2025.

This executive summary offers a high-level view of our key findings. We'll also be releasing five in-depth research reports that explore each stakeholder group and theme in greater detail. These reports are designed to help payers not only adapt to disruption — but lead through it.

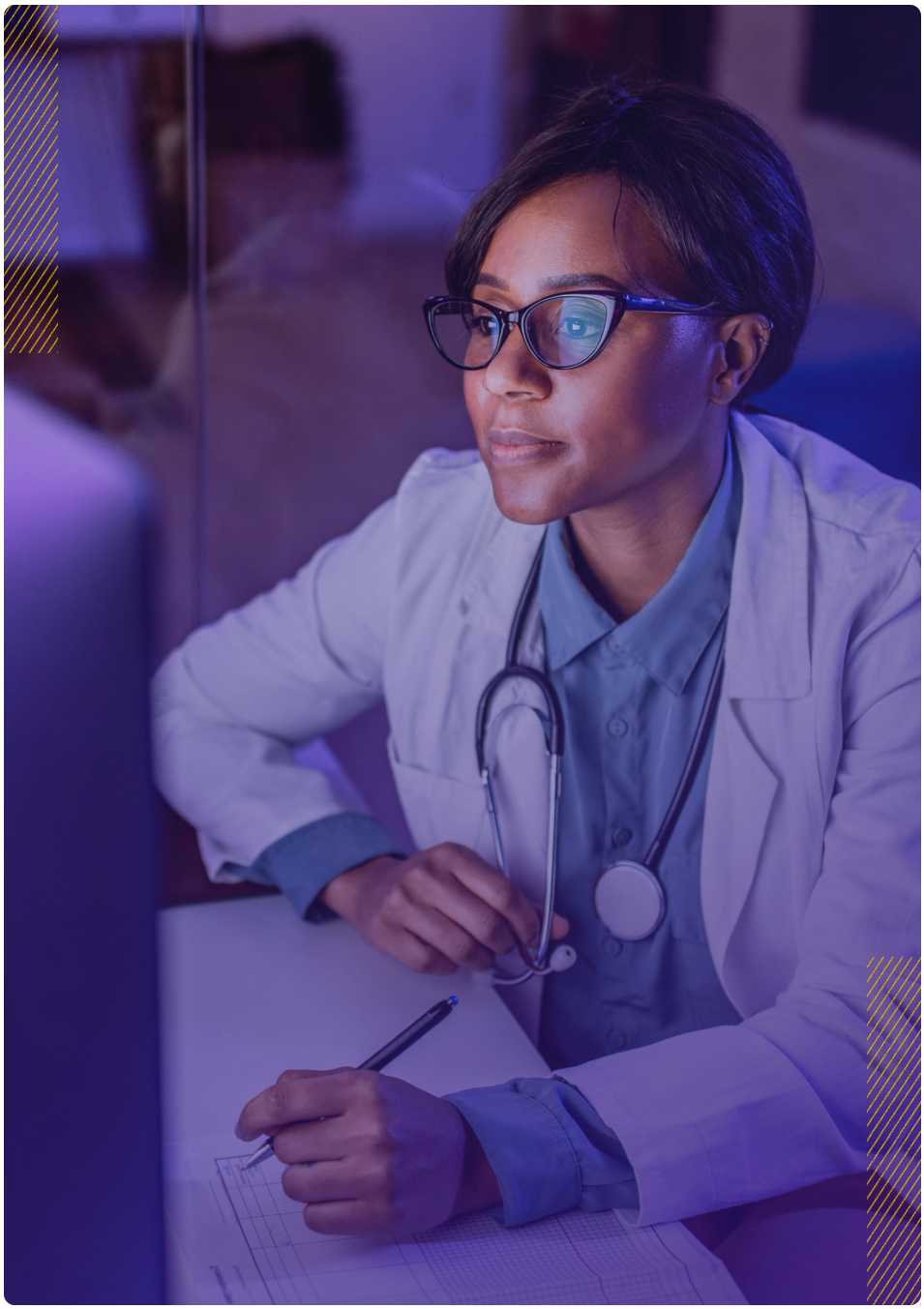
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What We Set Out to Learn – and Why It Matters

This research was designed to answer five essential questions:

1. **How are cost pressures and price transparency reshaping stakeholder behavior?**
2. **What role is artificial intelligence playing in healthcare finance's evolution?**
3. **How are consumers redefining their expectations for care and coverage?**
4. **What do employers need from their benefit partners in a post-pandemic world?**
5. **Where is healthcare finance headed next?**

These questions matter because they reveal not only how payers, employers and consumers perceive the state of the industry – but also where their priorities align and diverge. Understanding these points of convergence and tension is critical for payers looking to rebuild trust, drive innovation and deliver value in ways that resonate across stakeholder groups. The findings offer a strategic roadmap for leading through complexity with clarity, empathy and impact.



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The Cost Crisis and Transparency Imperative

Cost remains the dominant concern across the healthcare ecosystem. Employers anticipate premium hikes, consumers are absorbing higher out-of-pocket costs and payers find themselves caught between expectation and blame. Notably, nearly half of consumers (47%) attribute cost increases to insurance company profits.

Transparency is a flashpoint. Stakeholders agree it is essential, but expectations diverge.

Consumers want clarity before care; employers see it as a lever for value. Payers recognize the need but often fall short of delivering seamless, consumer-grade experiences.

This misalignment creates friction – but also opportunity. Payers who lead with transparency and communicate the value behind pricing can rebuild trust and shift the narrative.



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Artificial Intelligence in Healthcare Finance: The Promise and the Perception Gap

Artificial intelligence is widely seen as a driver of operational efficiency, but stakeholder views on its readiness and role in healthcare finance remain divided. Employers are optimistic – nearly 40% expect significant improvements – while payers are more cautious, citing implementation challenges and regulatory complexity. Consumers are open to AI for administrative tasks like scheduling, yet hesitant about its use in clinical decision-making.

This enthusiasm gap is a barrier to adoption. To close it, payers must focus on task-specific AI strategies that build on shared priorities such as claims accuracy and member engagement. Success will depend on delivering solutions that are transparent, explainable and ethically governed – not just technologically advanced.



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Consumers Want Clarity, Simplicity and Digital-First Experiences

Consumers are no longer passive participants in their healthcare journey. They want tools that help them navigate complexity, understand costs and make informed decisions. Yet, only 39% report positive billing experiences, and many report struggling with disconnected digital tools. Demand is especially strong among younger generations – 73% of Gen Z and 69% of millennials actively use cost management tools when available, signaling a shift in expectations and digital fluency.

Transparency remains a point of tension. Consumers expect clarity before care; employers see it as a strategic lever for cost control and employee satisfaction. Payers recognize its importance, yet often fall short of delivering seamless, consumer-grade experiences. This misalignment fuels frustration – and erodes trust.

By simplifying billing, investing in intuitive tools and delivering transparency before care, payers can rebuild trust and become true partners in a consumer-first future.



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Employers Are Balancing Cost Control With Employee Satisfaction

Employers are navigating a dual mandate: managing rising costs while enhancing employee experience. At the time of the survey, 81% had made cost-control changes in the past 12–24 months, and 51% were considering switching carriers or vendors to better meet strategic goals. At the same time, benefits were increasingly being viewed as a lever for recruitment, retention and engagement – not just a cost center.

While employers and payers both recognize the importance of cost control, their priorities often diverge. Employers are leaning into multi-strategy portfolios that blend financial discipline with member-first features like virtual care, voluntary benefits and digital engagement.

Payers, by contrast, tend to emphasize operational efficiency and legacy systems – leaving gaps in customization, responsiveness and digital performance. This misalignment was reflected in the data: 63% of employers say price transparency tools are very important, yet only 47% rate current tools as excellent.

This tension presents a strategic opportunity. Payers who deliver customizable benefits, responsive service and integrated digital tools will be better positioned to close the expectation gap – and grow lasting partnerships.

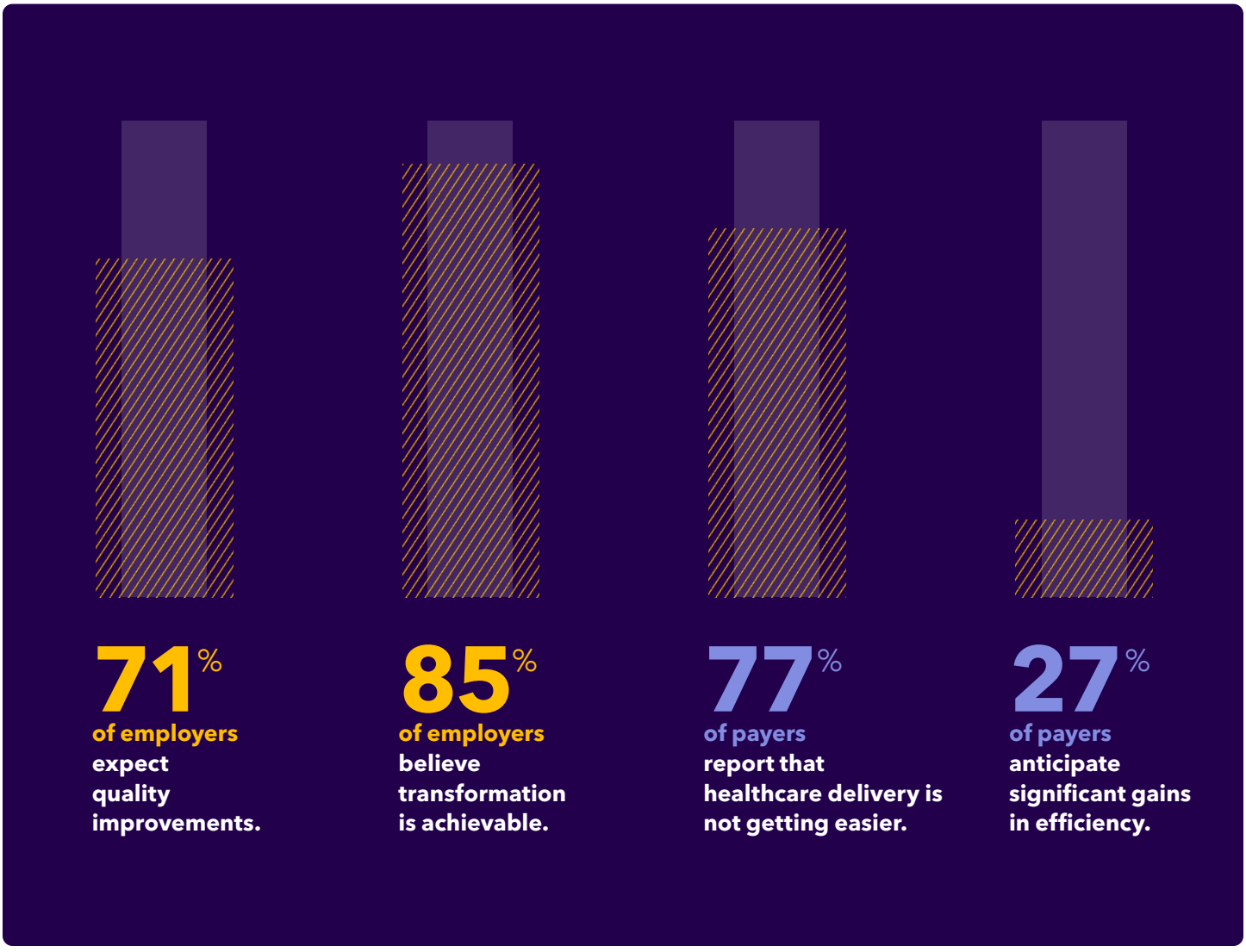


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The Future Outlook: A Tale of Diverging Expectations

The future of healthcare finance is shaped by a paradox: shared belief in modernization potential, yet diverging expectations about its pace and impact. Employers are optimistic – 71% expect quality improvements and 85% believe transformation is achievable. Payers, however, remain cautious, with only 27% anticipating significant gains in efficiency and 77% reporting that healthcare delivery is not getting easier. This divergence reflects not just operational complexity but also a narrative gap.

To lead effectively, payers must modernize their systems and their storytelling. This means investing in strategic partnerships, transparent communication and trust-building initiatives that align with stakeholder optimism – while acknowledging real-world constraints.

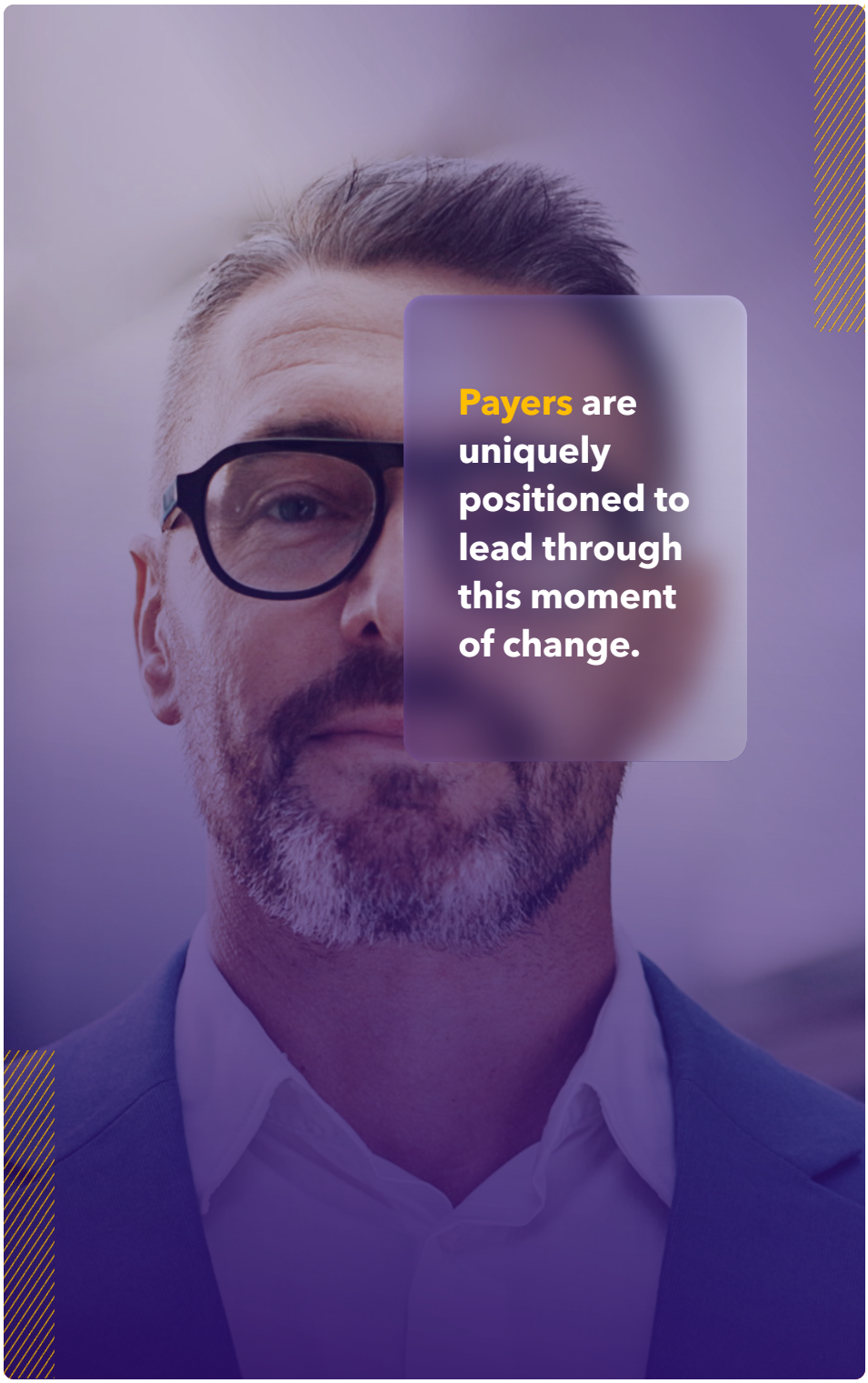


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Conclusion: Leading Through Change

The healthcare financial experience isn't just evolving – it's diverging. Stakeholders are navigating rising costs, shifting expectations and the promise of new technologies, all while trust remains fragile. This study reveals that payers are uniquely positioned to lead through this moment of change. By embracing price transparency, investing in digital-first experiences and aligning with employer and consumer needs, payers can move from reactive to proactive – and from transactional to transformational.

At Zelis, we believe leadership starts with listening. This research is a step toward understanding what matters most to our partners and members – and what's possible when we act on it.



What's Next

This executive summary is just the beginning. In the coming months, Zelis will release a series of in-depth research reports focused on key themes from this study. Each report will dive deeper into the data, perspectives and opportunities uncovered in this study – offering actionable insights for payers looking to lead through change.

Visit our web experience zelis.com/healthcare-financial-experience to subscribe and be the first to access these reports.

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Methodology

Our findings are built on robust primary research commissioned by Zelis and led by Datos Insights during the first half of 2025 – spanning three core stakeholder groups in the U.S. healthcare market. We surveyed 202 payer executives, 839 employer benefits decision-makers and 1,226 insured consumers – each sample carefully selected to reflect the diversity and scale of the industry. Statistical rigor was maintained through significance testing at the 90% or 95% confidence level and select in-depth interviews with payer organizations added qualitative depth. By integrating quantitative data with expert perspectives, this approach delivers a holistic, actionable view of the trends shaping cost management, transparency and digital transformation.

Risks and Limitations

While the findings are robust, they reflect current perceptions that may evolve with policy changes or market shifts. AI adoption and transparency tools face regulatory and technical hurdles, and consumer expectations may outpace payer capabilities without sustained investment.

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Zelis is modernizing the healthcare financial experience across payers, providers and healthcare consumers. We serve more than 750 payers, including the top 5 national health plans, regional health plans, TPAs and millions of healthcare providers and consumers across our platform of solutions. Zelis sees across the system to identify, optimize and solve problems holistically with technology built by healthcare experts – driving real, measurable results for clients.

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