The State of the Healthcare Financial Experience

2025

AI in Healthcare:

How Payers Are Leading the Shift from Efficiency to Innovation

Report 3

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Key insights:

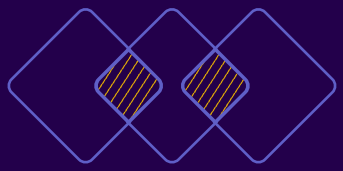
AI is gaining traction in payment integrity – validating broader investment.

71% of payers are using AI in payement integrity.

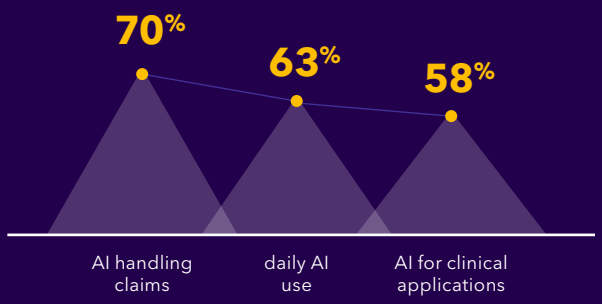


Of those, **60%** percent report better claims accuracy, **40%** stronger provider targeting and **35%** improved fraud detection. With vendors refining their tools and internal teams gaining confidence, now's the time to scale AI into even more high-impact use cases.

Strategic priorities are converging.



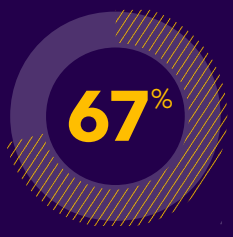
AI investment in claims, cost transparency and prior authorization benefits everyone. Payers have an opportunity to focus on these areas to deliver measurable value.



Consumers are ready for selective AI-driven experiences.

70% are comfortable with AI handling claims and **63%** use AI tools daily. However, comfort drops to **58%** for clinical applications like diagnoses. This suggests administrative use cases are the best starting point for personalized member engagement.

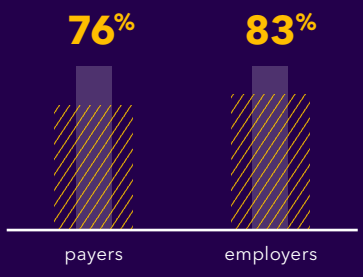
Employers are raising the bar for innovation.

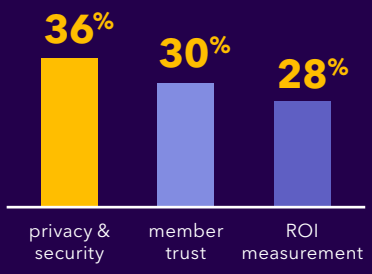


are **using or piloting AI** in benefits administration and expect the same from payers. Meeting those expectations is now a competitive imperative.

Stakeholder optimism is high and aligned.

76% of payers and **83%** of employers expect AI to improve operational processes within two years. Payers have an opportunity to capitalize on this momentum to drive coordinated innovation.





Shared challenges invite shared solutions.

Privacy and security **(36%)**, member trust **(30%)** and ROI measurement **(28%)** top the list of payer concerns. By shaping standards that serve the entire ecosystem, payers have an opportunity to lead.

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Executive Summary

Artificial intelligence is reshaping healthcare – and payers are at the forefront. While the industry is often seen as slow to adopt new technologies, the reality tells a different story. Payers are using AI to improve accuracy, reduce costs and meet rising compliance demands. And they're moving fast.

What began as cautious experimentation has evolved into enterprise-wide transformation. AI is no longer a side project – it's a strategic capability. As adoption accelerates, payers are redefining how they operate, engage with stakeholders and deliver measurable value across the healthcare ecosystem.

This report is the third in a six-part series based on proprietary research commissioned by Zelis and led by Datos Insights in the first half of 2025. The series looks at how employers, payers, providers and members are responding to economic pressures, rising expectations, shifting regulations and rapid digital change. In this installment, we focus on a key trend: stakeholders are leaning into AI strategies that help them work smarter, expand access to care and deepen member engagement.

The story of AI in healthcare is, at its core, a story of convergence. Employers are demanding more innovation, consumers are increasingly comfortable with AI-powered experiences and payers are showing that smart automation can deliver real results – especially in areas like payment integrity and member engagement. At the same time, shared challenges like data privacy, trust and ROI are opening the door for collaboration across the industry. With their central role in the healthcare system, payers are uniquely positioned to bring these pieces together – aligning priorities, scaling what works and helping lead the next chapter of healthcare transformation.

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AI Adoption Is Reaching Critical Mass Across Healthcare

In payment integrity — the effort to ensure claims are paid accurately and appropriately — AI adoption is accelerating. Today, 71% of payers are actively engaged: 23% use AI as a central component and 48% are piloting programs (see Figure 1).

As a data-rich function driven by operational urgency, payment integrity has become a proving ground for AI. Delays in identifying inaccuracies or resolving claims can lead to overpayments, missed recovery opportunities and strained provider relationships. AI helps payers respond faster, reduce manual effort, and improve accuracy. In this context, speed isn't just a necessity — it's a strategic advantage.

The scale of data available to payers — often exceeding 100 million claims annually — provides a robust foundation for training AI models. When combined with increasing regulatory pressure from CMS and state agencies to detect fraud, waste and abuse, the environment is primed for transformation. As organizations gain experience, vendors refine their offerings and internal teams build confidence, the industry is shifting from isolated pilots to enterprise-level strategies.

The question is no longer whether AI will transform healthcare. It's how quickly payers can extend these early successes across the enterprise.

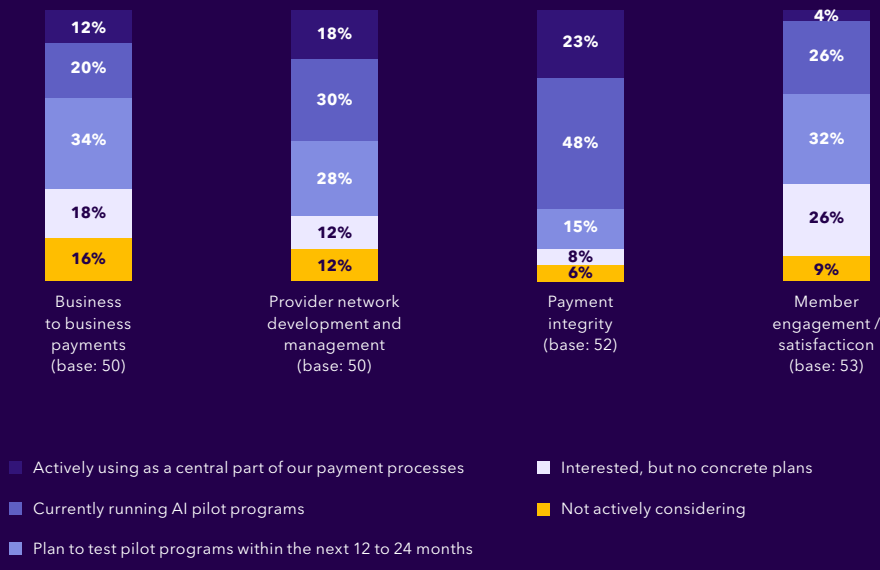
The narrative that healthcare lags in technology adoption doesn't hold when you look at what payers are doing with AI. The data shows that payers are using AI to improve accuracy, reduce costs and meet compliance demands. And they're not stopping there.

Figure 1 confirms this momentum, showing payment integrity as the most mature AI use case in the payer space. These early wins are giving teams the confidence to expand into other areas like prior authorization, care management and member engagement.

Figure 1:

Payment Integrity is leading the way in AI adoption

Q: How far along is your organization with using AI as part of its processes across payments, network development and member engagement? (By business area)



Source: Datos Insights Q1 2025 survey of health payers/insurers.

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Payers Are Optimistic — And Ready to Scale

Confidence in AI is high, with more than 76% of payers expecting AI to improve their processes within two years and 12% anticipating significant improvement **(Figure 2)**. Employers are even more bullish, with 83% expecting gains in benefits administration.

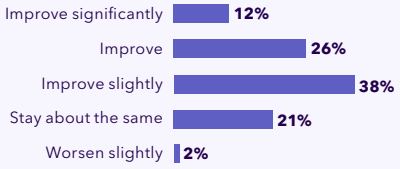
This isn't blind optimism — it's grounded in experience. Payers have seen firsthand what AI can do in payment integrity, where adoption has moved from pilot programs to operational transformation. In fact, 71% of payers are either actively using AI or piloting it in payment integrity, drawn by clear ROI metrics like reduced improper payments, faster processing and improved accuracy. These early wins have built organizational confidence and created a foundation for broader deployment.

The data shows a clear shift: AI is no longer viewed as experimental. It's becoming a core part of how payers plan to operate — not just in back-end functions, but increasingly in member-facing applications, prior authorization and care management. This measured optimism reflects a maturity in how payers approach innovation: not as a shiny new tool, but as a strategic capability that must be scaled thoughtfully, with compliance, stakeholder alignment and trust at the center.

Figure 2:

Payers are optimistic about the impact of AI on their processes

Q: How do you think AI will change your organization's processes in the next two years?

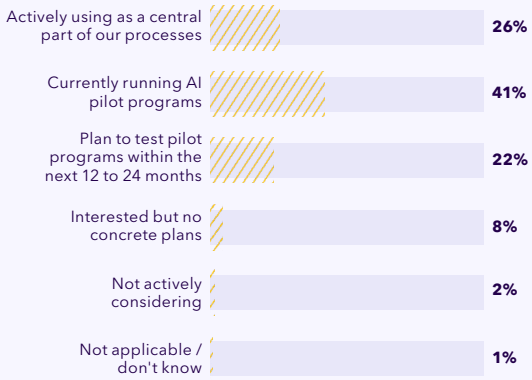


Source: Datos Insights Q1 2025 survey of health payers/insurers.

Figure 3:

Employer adoption creates market demand

Q: How far along is your organization with using artificial intelligence (AI) as part of its benefits administration processes? (Base: 839)



Source: Datos Insights Q2 2025 survey of employee benefits decision-makers.

Stakeholders Are Setting the Pace

AI adoption isn't just a payer story. Employers and consumers are shaping expectations — and they're moving fast. Sixty-seven percent of employers are using or piloting AI in benefits administration **(Figure 3)**, and they increasingly expect their payer partners to keep up. They're looking for faster claims resolution, smarter prior authorization and better cost transparency.

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While consumers remain cautious about AI's role in clinical decision making, their attitudes shift when it comes to administrative tasks. Seventy percent are comfortable with AI processing claims and 81% are comfortable with using AI for scheduling **(Figure 4)**. In addition, 63% of consumers surveyed said they use AI tools daily. That level of familiarity opens the door for member-facing AI solutions that feel intuitive and trustworthy. The data confirms that administrative functions are the most accepted use cases for AI, giving payers a clear path forward.

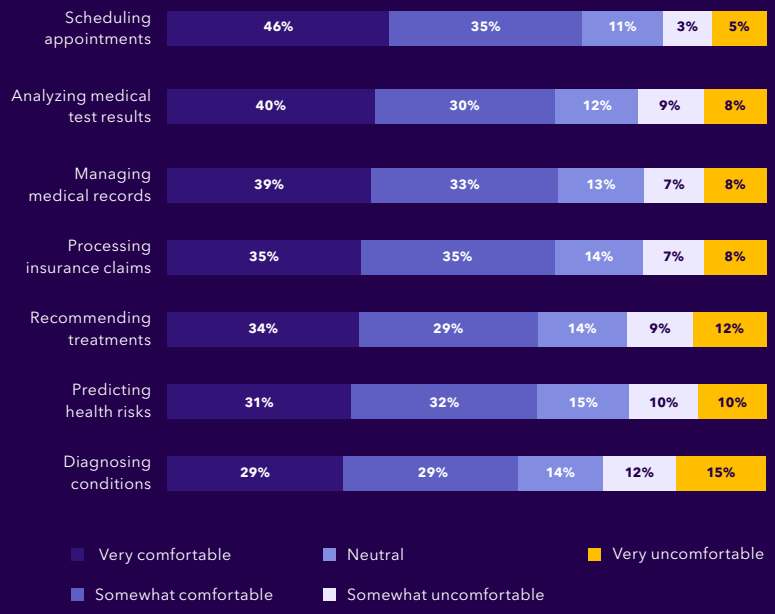
63% of consumers surveyed said they use AI tools daily. That level of familiarity opens the door for member-facing AI solutions that feel intuitive and trustworthy.

Figure 4:

Consumer Acceptance Enables Payer AI Deployment

Q: Thinking now about how artificial intelligence (AI) could be used in healthcare, how do you feel about AI being used in the following aspects of healthcare?

(Base: 1,192 who are familiar with AI)



Source: Datos Insights Q2 2025 survey of U.S. consumers.

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Common Challenges Point to Collaborative Solutions

AI in healthcare is not just a technological shift – it's a strategic one. While optimism runs high across payers, employers, and consumers, the path to meaningful transformation is shaped by shared challenges. These challenges, rather than barriers, are becoming catalysts for collaboration.

Universal Challenges Require Coordinated Solutions

Trust, data privacy, and ROI measurement have emerged as the most consistent concerns across stakeholder groups (see **Table A**). For payers, trust is about more than technical accuracy – it's about preserving the human connection that defines healthcare. Members want to know that AI won't replace empathy, and that when something goes wrong, they can still reach a person who understands their situation. Employers worry about how their employees will respond to AI-driven decisions, and consumers fear medical errors. These concerns are not just emotional – they're operational. They shape how AI must be deployed, communicated, and supported.

Building trust requires more than accurate algorithms. It demands transparency, plain-language explanations, and clear accountability. Innovative payers are already implementing frameworks that include performance metrics, member education and seamless access to human support. These frameworks don't just mitigate risk – they create competitive advantage.

ROI measurement presents a different kind of challenge.

Traditional metrics struggle to capture the full impact of AI. How do you quantify the value of preventing a chronic condition through early intervention? Or the satisfaction of a provider who no longer spends hours on administrative tasks? These are real outcomes, but they require new ways of thinking about value. Payers who can articulate this broader ROI – and back it with data – will be better positioned to justify continued investment and lead the market.

Table A:

Trust, Data Privacy and ROI Measurement Are Shared Concerns

Challenge	Payer concerns	Employer concerns	Consumer concerns
Data / Security	**36%** (privacy / security)	**34%** (data quality)	**26%** (privacy)
Trust / Acceptance	**30%** (member trust)	**33%** (building trust)	**40%** (medical errors)
ROI / Effectiveness	**28%** (measuring ROI)	–	–
Accuracy	**25%** (accurate responses)	–	**43%** (accuracy)

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Transforming Shared Priorities into Competitive Advantages

The convergence of stakeholder priorities creates a clear roadmap for where AI can deliver the most impact. Claims processing, prior authorization, and cost transparency are not just operational pain points – they're strategic opportunities.

Figure 5 reinforces this alignment. Payers report improved claims accuracy, faster processing, and enhanced fraud detection. These outcomes directly address employer frustrations and member expectations. When AI improves claims workflows, everyone benefits – members get faster decisions, employers see fewer complaints, and payers reduce operational costs.

Prior authorization is another area ripe for transformation. The current process is universally disliked. Providers spend hours on paperwork, members face delays and employers hear the complaints. There is an opportunity for AI to change this. By automating routine approvals and flagging only complex cases, payers can reduce friction and improve satisfaction.

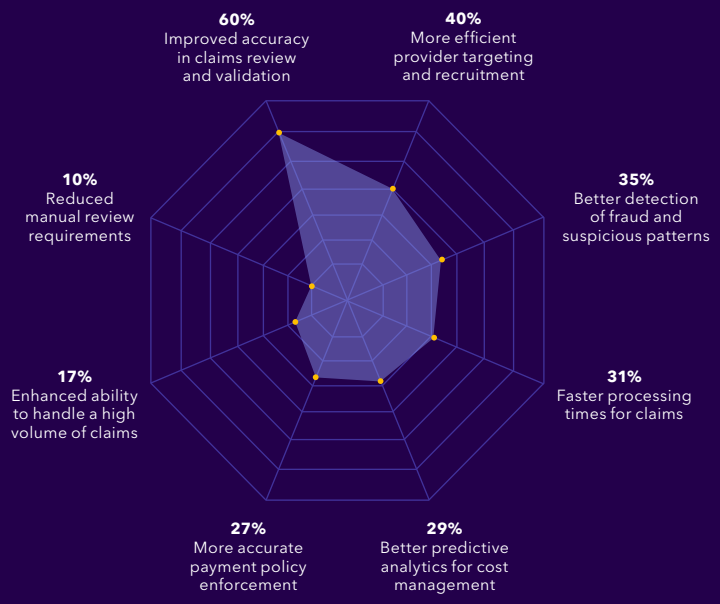
Cost transparency, long a source of confusion, is becoming a strategic differentiator. **Figure 6** shows that employers and payers alike see value in personalized cost estimates. Consumers want clarity – they want to know what they'll owe, when, and why. AI enables this by analyzing benefits, provider contracts, and historical patterns to deliver accurate, individualized estimates. This isn't just helpful – it's transformative.

Figure 5:

Payment Integrity Success Validates the Broader AI Vision

Q: What primary benefits do you expect to see from the use of GenAI and related technologies for payment integrity processes?

(Select up to 3; base: 52 payment integrity professionals at health payers)



Source: Datos Insights Q1 2025 survey of health payers/insurers.

Figure 6:

Employer Priorities Signal Investment Opportunities

Q: What primary benefits do you see/expect from the use of AI and related technologies in benefits administration?

(Select top 3; base: 839)



Source: Datos Insights Q2 2025 survey of employee benefits decision-makers.

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Member Trust: The Cornerstone of Consumer-Facing AI

As AI moves closer to the member experience, understanding consumer concerns becomes essential. **Figure 7** reveals that accuracy and error prevention are top priorities for consumers, followed by privacy and security. These concerns mirror payer priorities and offer a strategic opportunity to build trust through transparency and safeguards.

Members are not resistant to AI – they're cautious. They want reassurance that their data is safe, their claims are accurate, and their care won't be compromised. Payers who address these concerns head-on – through clear communication, robust validation, and human support – will earn trust and loyalty.

Interestingly, while privacy is a concern, consumers may not fully grasp the complexity of protecting health data. This creates both risk and opportunity. The risk is complacency – assuming AI is safe without understanding the safeguards. The opportunity is differentiation – payers who exceed expectations in privacy protection can build reputational capital that extends beyond AI.

Converging Challenges Create Strategic Leverage

The alignment of challenges across stakeholders reveals a powerful insight: the same issues that complicate AI adoption also create opportunities for leadership and innovation. Data privacy, trust, and ROI are not isolated concerns. They're interconnected, and they can be addressed through coordinated strategies.

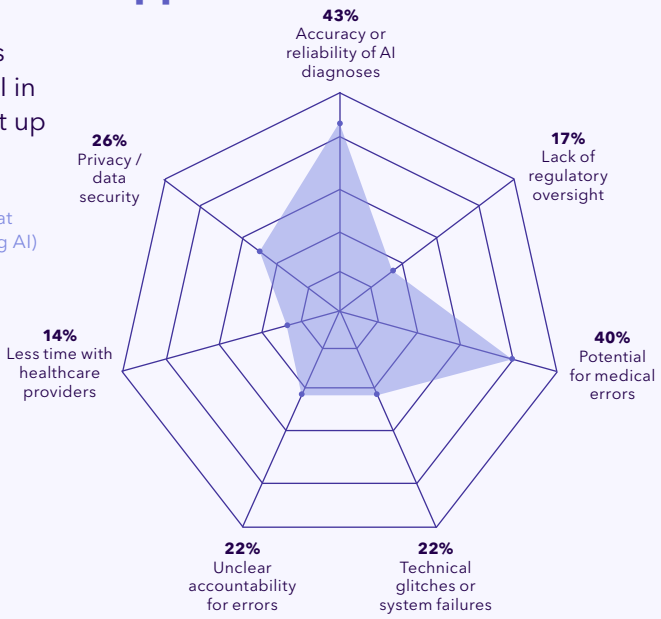
Payers are uniquely positioned to lead this coordination. They sit at the intersection of employers, members, providers, and regulators. When they solve for privacy, they protect everyone. When they build trust, they strengthen every relationship. And when they measure ROI effectively, they justify innovation across the ecosystem.

Figure 7:

Consumer Concerns Guide Implementation Approach

Q: What concerns you most about AI in healthcare? Select up to two.

(Base: 424 consumers who are very or somewhat uncomfortable with using AI)



Source: Datos Insights Q2 2025 survey of U.S. consumers.

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Strategic Recommendations for Payers

Payers have moved past experimentation and are now executing enterprise-level strategies, particularly in payment integrity, where early wins have validated the model. But the opportunity doesn't end there. With stakeholder expectations rising and trust emerging as a competitive differentiator, payers must evolve their approach to AI – not just to keep pace, but to lead.

AI's success depends on how well it's aligned with stakeholder priorities, embedded into operational workflows, and governed with transparency and accountability. Payers must now shift from isolated pilots to integrated platforms – scaling what works, addressing shared concerns, and delivering measurable value across the healthcare ecosystem.

The following recommendations reflect the most actionable insights from the current landscape. They are designed to help payers scale what works, meet the moment with confidence, and build the infrastructure for long-term innovation. These are not just operational adjustments – they are strategic imperatives.

Scale proven AI use cases across the enterprise.
Expand beyond payment integrity into prior authorization and care management to drive measurable impact.

Design member-facing AI with trust at the center.
Build confidence through accuracy, transparency, and seamless access to human support.

Collaborate with employers to meet rising expectations.
Co-create tools that streamline claims and deliver ROI across the benefits experience.

Use shared challenges to lead industry-wide innovation.
Turn privacy and trust concerns into opportunities to set standards and shape adoption.

Reframe ROI to reflect real-world impact.
Measure outcomes like early intervention and member satisfaction to justify investment.

Invest in responsible innovation.
Adopt privacy-preserving techniques that balance performance with long-term trust.

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Appendix: Methodology

Our analysis draws on comprehensive primary research conducted by Datos Insights across three core stakeholder groups in the U.S. healthcare market. This multi-dimensional approach ensures a holistic view of the trends shaping cost management, transparency, and digital transformation.

- Payer Survey (Q1 2025): We surveyed 202 health insurance executives and decision-makers representing commercial, Medicare Advantage and managed Medicaid plans. Respondents included C-suite leaders, VPs of strategy, medical directors and operational heads from organizations covering over 150 million lives.
- Employer Survey (Q2 2025): Our employer sample included 839 benefits decision-makers from organizations spanning all major industries and company sizes. Participants ranged from HR executives to benefits managers and compensation leaders, each responsible for health benefit selection and administration.
- Consumer Survey (Q2 2025): We surveyed 1,226 U.S. consumers with employer-sponsored or individual health insurance coverage. The sample was demographically balanced across age cohorts (Generation Z through baby boomers), geographic regions and insurance types.

Statistical tests of significance were conducted at either the 95% or 90% confidence level, depending on sample size. In-depth interviews with select payer organizations supplemented the quantitative findings, providing additional context and nuance. Our analysis also leveraged Datos Insights' in-house research and advisor expertise in the healthcare payments landscape.

This rigorous methodology enables us to surface actionable insights, highlight performance gaps and identify opportunities for innovation and partnership across the healthcare ecosystem.

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