

Modernize healthcare claims with Red Hat

“The healthcare system remains fragmented and burdened by outdated manual processes, resulting in frustration for patients and providers alike.”¹

— MIKE TUFFIN
PRESIDENT AND CEO, AHIP

A complex claims system

Processing healthcare claims has become more complex due to operational, regulatory, and financial pressures. In addition to managing traditional fee-for-service claims, payers have to support value-based care models that require advanced data reporting and performance-tracking capabilities.

Simultaneously, mandates from agencies such as the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC), along with industry commitments to simplify prior authorization,¹ are raising expectations around interoperability and real-time data exchange. To meet these demands, payers must have real-time access to comprehensive member data, including claims data. This ensures transparency and coordination across the care continuum.

However, many payers still rely on their existing, fragmented systems that are not designed for real-time data sharing. Outdated infrastructures present a fundamental barrier to progress, making it difficult to meet regulatory requirements, reduce administrative burden, and improve member and provider experiences.

Medical Loss Ratio (MLR) regulations add to the challenge by capping how much premium revenue payers can spend on administrative costs. This limits their flexibility in absorbing rising operational expenses and further intensifies the need for smart automation and simpler ways to process claims.

The case for modern claims infrastructure

Addressing these challenges requires more than incremental updates. Rather, it calls for a transformative shift to a modern claims infrastructure. Such a system must provide:

- ▶ Real-time data access and interoperability.
- ▶ Scalable, AI-driven automation.
- ▶ Smooth integration of existing and modern applications.

Modernizing claims infrastructure is no longer a technical upgrade—it is a strategic imperative. Only with next-generation architectures can payers meet compliance mandates, become more cost efficient, and enhance both member and provider experiences, all while building a data foundation for value-based care success.

Evolving beyond rule-based systems to intelligent claims operations

Traditional claims systems rely on static, rule-based logic, or complex and brittle structures that are costly to maintain and slow to adapt. These systems often require manual rule coding, are difficult to update when policies change, and lack the flexibility to analyze nuanced clinical or contextual data in real time.

Why choose Red Hat platforms?

Flexible:

Run AI workloads against multiple, disparate data sources (on-premise or in a cloud) to facilitate real-time interoperability, intelligent claim insight, and streamlined workflows.

Security-focused:

Strengthen enterprise security and compliance with critical capabilities such as audit logging, access controls, encryption, and automated policy enforcement.

Scalable:

Scale and modernize applications as regulatory and market demands change.

Payers need a more modern architecture that not only processes claims but also learns from them. By adopting a platform designed for artificial intelligence and machine learning (AI/ML), organizations can move from deterministic rules to probabilistic, adaptive intelligence that improves over time.

Modern, cloud-native architectures built on containers, microservices, and application programming interfaces (APIs) are essential to:

- ▶ Feeding clean, consistent, real-time data into AI models.
- ▶ Supporting dynamic workflows that evolve based on learning and feedback loops.
- ▶ Deploying and scaling models that support intelligent routing, auto-adjudication, and proactive fraud detection.
- ▶ Integrating gen AI assistants for tasks like summarizing claims history, validating documentation, or surfacing anomalies.

Without this architectural shift, AI is limited to small, isolated pilots that cannot scale or integrate with the end-to-end claims process. The right foundation is essential for implementing AI at scale and achieving significant results.

A platform approach with Red Hat

Red Hat offers a comprehensive, open platform that equips payers with the tools they need to make claims processing more flexible, scalable, and resilient.

Hybrid cloud flexibility with Red Hat OpenShift

Red Hat® OpenShift® provides an enterprise-grade application platform that facilitates the shift from monolithic claims applications into containerized microservices. These services can run consistently across on-premise, hybrid, and public cloud environments, meaning payers can scale and modernize applications in response to evolving regulatory and market demands.

Running services in lightweight, portable Kubernetes containers also helps payers make better use of infrastructure resources: They can reduce compute and storage consumption, decrease overprovisioning, and avoid storing redundant or underused data environments. This can result in measurable savings on storage and infrastructure spending.

Effortless integration with Red Hat Application Foundations

Red Hat Application Foundations offers a full suite of HL7 FHIR-compliant connectors, including support for the Da Vinci Project. It supports interoperability among existing systems, commercial off-the-shelf platforms, and cloud-native services and facilitates real-time adjudication, intelligent claims processing, and value-based care workflows.

Automation with Red Hat Ansible Automation Platform

Red Hat Ansible® Automation Platform significantly reduces downtime and risk during claims system upgrades by standardizing and automating the deployment of new software versions and configurations. This ensures consistent and reliable upgrades, minimizes disruptions to claims processing, and improves overall operational efficiency.

Built-in security and compliance

Red Hat OpenShift and Ansible Automation Platform work together to deliver enterprise-grade security and compliance. With crucial capabilities like audit logging, access controls, encryption, and automated policy enforcement, Red Hat's platforms help payers meet HIPAA, CMS, and other regulatory requirements while staying flexible.

From administrative burden to operational excellence

Red Hat empowers healthcare payers to modernize their claims infrastructure at their own pace without compromising performance, security, or interoperability.

By adopting a modernized claims architecture with Red Hat, payers can achieve:

- ▶ Reduced cost per claim and lower operational overhead.
- ▶ Accelerated prior authorizations and claims determinations.
- ▶ Greater member and provider satisfaction.
- ▶ Increased staff productivity and system interoperability.
- ▶ Stronger fraud detection and prevention capabilities.
- ▶ A scalable foundation for AI-driven operations and gen AI innovation.

With Red Hat, healthcare payers can speed their shift from outdated, rule-based systems to modern, intelligent claims operations. This paves the way for AI-powered, member-centric care delivery.

Learn more about how Red Hat can help

To discover how Red Hat can help your organization modernize its healthcare claims processing and achieve significant operational and financial benefits, visit redhat.com/health or contact your Red Hat representative for a personalized consultation.



About Red Hat

Red Hat helps customers standardize across environments, develop cloud-native applications, and integrate, automate, secure, and manage complex environments with [award-winning](#) support, training, and consulting services.

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