

Healthcare 2026: Protect Data Integrity While Modernizing at Speed

Across 10 leading U.S. healthcare organizations, the same initiatives recur: modernize connected systems, automate administrative work, deploy AI, and protect sensitive data through every application and workflow change.

SYSTEM CHANGE + DATA INTEGRITY

EHR, claims, API, cloud and platform modernization create constant mapping, integration and regression-test demand.

INTEROPERABILITY + DIGITAL WORKFLOWS

FHIR, electronic prior authorization and real-time data exchange require connected systems to behave correctly end to end.

AI + AUTOMATION + PROTECTION

Healthcare is automating to reduce cost and burden, but development and testing cannot spread real patient/member data into non-production.

Cross-Industry Finding

Humana's Q4 2025 risk pattern is not unique. Across this 10-organization sample, data integrity, system modernization, AI/automation, interoperability and sensitive-data protection appear repeatedly in public initiatives and risk statements.

The common TDM implication is direct: every new platform, API, AI-enabled workflow or interoperability change has to be developed, integrated, regression-tested and validated. Healthcare teams need realistic data to do that work, but actual PHI/PII should not become the default test-data strategy.

ASP Test Data Management Capabilities Aligned to These Priorities

- Production-like test data that preserves realistic relationships and business behavior while masking sensitive patient/member values.
- Repeatable protection of PHI/PII across development, QA, integration, regression, training and other non-production environments.
- Rule / Classification Assignment API automation that associates governed classifications with the appropriate masking rules.
- Masking API automation that applies required protection without rebuilding the masking process for every project or refresh.
- Once assigned, the masking rule can be automatically applied wherever the classification is tagged in the governed resource.
- Masking-rule visibility in a CDGC custom attribute provides evidence that the governed security policy is enforced.
- Dashboards at both application and global levels track progress and showcase enforcement of security policies.
- Protected test data can be provided to internal teams and third-party service providers without requiring unnecessary access to identifiable production values.

Evidence base: 10 leading U.S. health plans, integrated delivery systems and hospital systems selected to represent both payer and provider segments. This is a representative sample, not a strict revenue ranking.

Evidence Across 10 Leading U.S. Healthcare Organizations

The initiatives vary by organization, but the test-data consequence is remarkably consistent: more change, more integration and more AI create more demand for realistic, repeatable and protected data in non-production.

Organization	Documented 2025-2026 signal	Recurring theme
Humana	Q4 2025 disclosure explicitly links data integrity, new AI/ML systems, third parties and sensitive-data dissemination to material business risk.	Integrity / AI / Third parties
Kaiser Permanente	Responsible AI requires privacy, reliability and validation; EHR-instance consolidation creates large-scale regression and integration change.	Protect / Modernize / AI
Premiera Blue Cross	Digital prior authorization and national data standards are replacing manual work; AI-enabled customer support is already in use.	Interop / Automation / AI
UnitedHealth Group	Large 2026 AI investment and electronic prior-authorization standardization create sustained application, workflow and regression change.	Modernize / Automation / AI
CVS Health / Aetna	AI claims platform cut complex manual-review processing time by more than 20%; providers cite interoperability/data integrity as a leading challenge.	Integrity / Automation / AI
Elevance Health	Health OS reduces manual steps by connecting EHR, lab and exchange data into real-time clinical-review workflows.	Interop / Automation / Integrity
The Cigna Group	CMS ecosystem participation includes testing payer APIs; the company is using technology, data and AI to simplify healthcare.	Interop / Testing / AI
HCA Healthcare	New EHR platform, interoperability and AI initiatives are coupled with cybersecurity, data-protection and third-party risks.	Modernize / Protect / AI
CommonSpirit Health	Single-EHR and unified-platform programs are retiring legacy systems while AI adoption expands across the enterprise.	Modernize / Regression / AI
Providence	FHIR-based data exchange and ambient AI programs show the combined need for interoperable, validated and privacy-safe application change.	Interop / AI / Protect

The broader market confirms the Humana use case: protect data integrity while systems, APIs, workflows and AI capabilities are being changed at speed.

Three Healthcare Initiatives Creating Immediate Test-Data Demand

1. Modernize and interoperate

CMS requires major interoperability APIs for impacted payers by January 1, 2027, using Fast Healthcare Interoperability Resources (FHIR) standards. In May 2026, CMS named Aetna, Cigna, Elevance Health, Humana and UnitedHealthcare among major payer participants advancing electronic prior authorization, while health systems in the sample continue large EHR and platform-consolidation programs.

ASP response

- Provision masked production-like data for claims, member, provider, eligibility, EHR, billing and API testing.
- Preserve realistic relationships needed to validate mapping, integration and end-to-end business behavior.
- Reuse governed masking logic as modernization expands across applications and environments.
- Support repeated regression cycles without making identifiable production data a prerequisite.

2. Automate and apply AI to do more with less

The AHA reported that hospital expenses grew 7.5% in 2025, about 60% of expenses were workforce-related, and hospitals spent an estimated \$43 billion trying to collect payment for care already delivered. At the same time, the AMA reported 81% physician AI use, and the organizations in this sample are rapidly automating claims, member service, clinical documentation and administrative workflows.

ASP response

- Provide protected realistic data for AI-enabled application, workflow and regression testing.
- Automate rule/classification assignment and masking so test-data protection does not become another manual bottleneck.
- Shorten environment preparation and repeatable test cycles as delivery teams increase release velocity.
- Use dashboards to track application-level and global progress and showcase security-policy enforcement.

3. Protect data integrity and limit sensitive-data dissemination

Public risk disclosures from organizations such as Humana, Cigna and HCA directly connect information-system change, third-party reliance, cyber/privacy incidents, AI/ML and data integrity. That same risk extends into development, QA and partner environments when copies of identifiable production data are used for testing.

ASP response

- Mask PHI/PII before data is distributed to non-production environments or external delivery partners.
- Preserve formats and relationships so protection does not destroy the realism needed for meaningful testing.
- Apply governed rules consistently wherever classifications are tagged.
- Expose masking-rule associations in CDGC and use dashboards to demonstrate policy enforcement.

Automated Policy-to-Masking Control Pattern

1	2	3	4	5
CLASSIFY	ASSIGN	MASK	REUSE	PROVE
CDGC identifies governed data classifications.	Rule / Classification Assignment API links the masking rule.	Masking API applies protection to test data.	Rule follows the classification wherever it is tagged.	CDGC attribute and dashboards show policy enforcement.

Combined Alignment

Industry initiative	ASP TDM contribution	Business result
Modernize + interoperate	Protected production-like data for EHR, claims, FHIR/API, cloud and platform regression testing.	Faster validation of system change with less PHI exposure.
Automate + AI	API-driven classification/rule assignment, masking and reusable protection across test cycles.	Reduce manual administration and support higher delivery velocity.
Protect data integrity	Consistent masking, CDGC rule visibility and application/global dashboards.	More controlled non-production use of sensitive data and clearer policy evidence.

Industry Conclusion

The same strategic pattern seen at Humana is visible across the broader healthcare market. Interoperability mandates, EHR/platform modernization, AI adoption and financial pressure are increasing the pace of system change. ASP TDM addresses the common non-production requirement behind those initiatives: realistic data for meaningful testing, repeatable masking for PHI/PII protection, and governance evidence that security policy is being enforced.

Sources

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