

Healthcare Payer Operations – Service Provider Compendium 2022

March 2022: Complimentary Abstract / Table of Contents



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- ▶ Software Product Engineering Services
- ▶ Supply Chain Management (SCM) Services
- ▶ Sustainability Technology and Services
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- ▶ Talent Excellence ITS
- ▶ Technology Skills and Talent
- ▶ Trust and Safety
- ▶ Work at Home Agent (WAHA) Customer Experience Management (CXM)

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Benchmarking

Contract assessment

Peer analysis

Market intelligence

Tracking: providers, locations,
risk, technologies

Locations: costs, skills,
sustainability, portfolios

Contents

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1. Introduction and overview	6
• Research methodology	7
• Key information on the report	8
• Background of the research	9
• Focus of the research	10
• Healthcare payer value chain	11
2. Healthcare payer operations PEAK Matrix® characteristics	12
• PEAK Matrix framework	13
• Everest Group PEAK Matrix for healthcare payer operations	16
• Characteristics of Leaders, Major Contenders, and Aspirants	17
• Service provider capability summary dashboard	19
3. Service provider profiles	24
• Leaders	24
– Accenture	25
– Cognizant	32
– Conduent	40
– service provider	45
– Firstsource	52
– HGS Healthcare	60
– NTT DATA	65

Contents

• Leaders (continued)	
– Optum	70
– Wipro	76
• Major Contenders	83
– Apexon Health	84
– Capgemini	89
– CGI	95
– Change Healthcare	100
– Concentrix	105
– Convey Health	110
– CorroHealth	115
– Exela Technologies	120
– Gainwell Technologies	126
– Genpact	131
– HCL Technologies	138
– Hexaware	144
– Infosys	149
– Mphasis	155
– Shearwater Health	160
– Sutherland Global Services	165

Contents

• Major Contenders (continued)	
– TCS	172
– WNS	178
• Aspirants	184
– Atos	185
– Omega Healthcare	190
– Tech Mahindra	195
– Teleperformance	200
– Virtusa	205
4. Appendix	210
• Glossary	211
• Research calendar	212

Our research methodology is based on four pillars of strength to produce actionable and insightful research for the industry

01

Robust definitions and frameworks

Healthcare payer value chain pyramid, PEAK Matrix®, market maturity

02

Primary sources of information

Annual contractual and operational RFIs, service provider briefings and buyer interviews, web-based surveys

03

Diverse set of market touchpoints

Ongoing interactions across key stakeholders, input from a mix of perspectives and interests, supports both data analysis and thought leadership

04

Fact-based research

Data-driven analysis with expert perspectives, trend-analysis across market adoption, contracting, and service providers

Proprietary contractual database of over 550 healthcare payer BPS contracts (updated annually)

Year-round tracking of 30+ healthcare payer BPS providers

Large repository of existing research in healthcare payer operations

Over 30 years of experience advising clients on strategic IT, business services, engineering services, and sourcing

Executive-level relationships with buyers, service providers, technology providers, and industry associations

This report is based on multiple sources of proprietary information

- Proprietary database of healthcare payer operations contracts of major business process service providers (updated annually)
- The database tracks the following elements of each contract:
 - Buyer details including size and signing region
 - Contract details including service provider, contract type, TCV & ACV, service provider FTEs, start & end dates, duration, and delivery locations
 - Scope details including share of individual buyer locations being served in each contract, Line of Business (LoB) served, and pricing model employed
- Proprietary database of healthcare payer BPS providers (updated annually)
- The database tracks the following for each service provider:
 - Revenue and number of FTEs
 - Number of clients
 - FTE split by different LoBs
 - Revenue split by region
 - Location and size of delivery centers
 - Technology solutions developed
- **Service provider briefings**
 - Vision and strategy
 - Annual performance and future outlook
 - Key strengths and improvement areas
 - Emerging areas of investment
- **Buyer reference interviews, ongoing buyer surveys, and interactions**
 - Drivers and challenges for adopting workplace services
 - Assessment of service provider performance
 - Emerging priorities
 - Lessons learned and best practices adopted

Service providers assessed^{1,2}



1 Assessment for Atos, Capgemini, Concentrix, CGI, CorroHealth, Convey Health, Gainwell Technologies, HCL Technologies, Hexaware, HGS Healthcare, Omega Healthcare, Virtusa, and Teleperformance excludes service provider inputs on this study and is based on Everest Group's estimates that leverage Everest Group's proprietary Transaction Intelligence (TI) database, ongoing coverage of the service providers, their public disclosures, and interaction with buyers.

2 The analysis of HGS Healthcare is based on the capabilities of erstwhile company (HGS) for the period of June 2020 – June 2021, before it was acquired by Baring Private Equity Asia.
The source of all content is Everest Group unless otherwise specified.

Confidentiality: Everest Group takes its confidentiality pledge very seriously. Any information we collect that is contract specific will only be presented back to the industry in an aggregated fashion.

Background of the research

Healthcare Payer Operations 2022

The healthcare industry is one of the fastest-changing and most dynamic sectors, making it essential for organizations to constantly evolve and build on their foundational capabilities. The global pandemic has brought certain opportunities to the forefront such as telehealth, risk-based commercial models, and greater investment in care management, all coupled with an increased focus on digital initiatives, especially automation and analytics.

In order to achieve this, service providers are establishing strong ecosystem partnerships with leading third-party vendors, developing technology solutions, deploying innovative models such as Business-Process-as-a-Service (BPaaS) and payvider solutions for service delivery, and strengthening their consulting capabilities to provide end-to-end transformation for their clients.

In order to achieve their objectives in this regard, third-party support becomes vital, and hence, it becomes extremely important for healthcare payers to identify the right service providers to transform their business processes and help differentiate themselves. This report studies leading healthcare payer BPS providers and compares their capabilities in detail.

This report includes the profiles of the following 32 leading healthcare payer BPS providers featured on the Healthcare Payer Operations PEAK Matrix® :

- **Leaders:** Accenture, Cognizant, Conduent, service provider, Firstsource, HGS Healthcare, NTT DATA, Optum, and Wipro
- **Major Contenders:** Apexon Health, Capgemini, CGI, Change Healthcare, Concentrix, Convey Health, CorroHealth, Exela Technologies, Gainwell Technologies, Genpact, HCL Technologies, Hexaware, Infosys, Mphasis, Shearwater Health, Sutherland Global Services, TCS, and WNS
- **Aspirants:** Atos, Omega Healthcare, Tech Mahindra, Teleperformance, and Virtusa

Scope of this report:



Geography
Global



Service providers
32



Services
Healthcare payer BPS

This study offers 32 distinct chapters providing a deep dive into key aspects of healthcare payer operations; below are four charts to illustrate the depth of the report

Healthcare Payer Operations – Service Provider Compendium 2022

Service provider | healthcare payer operations profile (page 1 of 4)

Overview

Company overview
 Service provider is an analytics and operations management comp customer-centric operating models to help clients improve their gro provides business outcomes using analytics and digital transforma serves the healthcare, insurance, banking and financial services, u logistics industries. It has more than XXXX professionals in locat Europe, Asia, South America, Australia, and South Africa. Service investments in healthcare and has expanded its solution offerings i data and analytics areas to target the total cost of care.

Key leaders

- XXX, EVP, Head of XX Health
- XXX, SVP, Healthcare Operations and Chief Nursing Officer
- XXX, SVP, Healthcare Growth Office

Headquarters: New York City, NY, US **Website:** [www](#)

Suite of services:

- Care management
- Claims management
- Member engagement
- Network m
- Product de
- Risk and cc

1 12 months ending June 30 of any particular year, i.e., from July YYYY-

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Service provider | healthcare payer operations profile (page 2 of 4)

Key delivery locations

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Service provider | healthcare payer operations profile (page 3 of 4)

Capabilities and key clients

Key healthcare payer operations engagements

Client name
A Fortune 50 US managed healthcare company
A Fortune 500 healthcare insurance company in the United States
A leading US healthcare major
One of the largest US mutual life insurance companies

Operations mix by segment
 Number of FTEs
 100% = 5,100

1 Buyer size is defined as large (>US\$10 billion in revenue), medium (US

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Healthcare Payer Operations – Service Provider Compendium 2022

Service provider | healthcare payer operations profile (page 4 of 4)

Technology solutions/tools

Solution name	Processes served	Year launched	Description	No. of clients
Solution A	Claims management	2020	A browser-based medical and pharmacy claims audit workflow tool, designed to cater to customized payment rules and reimbursement methods.	40+ operations and IT clients
Solution B	Care management and network management	2019	It is an analytics suite that connects disparate data, informs decisions to manage population risk, and achieves optimal outcomes. It understands member trends by cost, quality, and utilization. It segments members for effective engagement. It monitors provider referral patterns, and leakage and steers patients/members to top performers. It tracks and manages program outcomes and RoI. It organizes clients including payer, provider, and national brokers representing over 1,000 employer groups.	1,000 plus direct and indirect clients including health plans, providers, and brokers & employer groups
Solution C	Care management	2019	It is a solution suite that includes an end-to-end care management / medical management tools to manage member outreach and engagement. It coordinates all clinical interventions and workflows, provider collaboration in care coordination, reporting, and compliance for commercial and government programs.	12+ operations and IT clients
Solution D	Risk and compliance	2019	It is a risk adjustment and quality solution that supports improved risk adjustment scores, enhances quality ratings, and helps ensure continuity of care. An easy-to-use analytics tool and flexible service model that provides actionable information in managing patient populations and related RAF scores and drives CMS revenue.	30+ operations and IT clients
Solution E	Claims management	2019	It is a customizable, paperless, subrogation case management software that offers a stand-alone subrogation solution from identification to recovery.	6+ operations and IT clients

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Research calendar

Healthcare Business Process

■ Published
 ■ Planned
 ■ Current release

Flagship reports

Release date

Untapped Providers' Demand Signaling Transformation at Scale: Revenue Cycle Management (RCM) Operations State of the Market Report 2022	December 2021
Intelligent Automation (IA) in Healthcare – Solutions PEAK Matrix® Assessment 2022	December 2021
Healthcare Analytics – Services PEAK Matrix® Assessment 2022	December 2021
Intelligent Automation (IA) in Healthcare – Service Provider Compendium 2022	January 2022
Healthcare Payer Operations PEAK Matrix® Assessment 2022	February 2022
Healthcare Payer Operations – Service Provider Compendium 2022	March 2022
The State of Healthcare Payers in the Post-COVID World: Healthcare Payer Operations State of the Market Report	Q2 2022
Healthcare Provider Medical Coding Operations – PEAK Matrix® Assessment 2022	Q2 2022
RCM Operations – Service Provider Compendium 2022	Q3 2022
Member and Patient Engagement Operations – PEAK Matrix® Assessment 2022	Q3 2022

Thematic reports

Release date

Business Process as a Service (BPaaS) in Healthcare: The Way Forward to Maximize Value and Improve Outcomes	June 2021
Technology/Digital Adoption in Revenue Cycle Management (RCM): A Tectonic Evolution	November 2021
The Next Big Healthcare Opportunity: Pharmacy Benefits Management (PBM)	Q3 2022
The Curious Case of Consolidation in RCM Solutions Landscape	Q4 2022
Decoding Payment Integrity	Q1 2023

Note: For a list of all of our published Healthcare Business Process reports, please refer to our [website page](#).



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