



HORIZONS REPORT

Healthcare Payer Service Providers, 2024

An assessment of healthcare payer service providers, addressing the why, what, how, and so what

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Excerpt for Brillio

“

The landscape addressing healthcare risk has changed materially and will require a different supplier strategy, capabilities, and innovation to make a meaningful impact to the quad-aim.

”



Rohan Kulkarni

Executive Research Leader,
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Introduction and research methodology

Introduction

- The **HFS Horizons: Healthcare Payer Service Providers, 2024** report reflects on the key demand trends in the underwriting of consumer health by health plans (payers), the government globally, and employers. In addition, it dives deep into how different types of suppliers (IT service providers, consulting houses, BPO shops, and domain experts) are addressing the demand.
- As demand has shape-shifted with the increasing medical costs, changing demographics, more government and employer underwriting, and evolving consumer expectations, suppliers are incorporating technology, particularly AI, into everything, taking on more risk to attract business and developing deep domain expertise.
- This study evaluated 45 suppliers at the intersection of four Horizon dimensions—their value proposition (why), capabilities (what), go-to-market (how), and outcomes delivered (so what). It also assesses their ability to address the quadruple aim of care (cost of care, experience of care, health outcomes, and health equity).
- More than 300 US and global payers have provided inputs, as did over 50 supplier partners.
- The report focuses on industry-specific capabilities for service providers as defined by the HFS value chain. It does not focus on horizontal IT or business process services (BPS) such as application management or finance and accounting outsourcing, which may be delivered to healthcare enterprises.
- Check out our other Horizon studies addressing the healthcare ecosystem:
 - [Healthcare providers](#)
 - [Life sciences](#)
 - [Employee benefits administrators](#)

Executive summary: Health plans and service providers are making progress in improving the quadruple aim of care but have a long way to go

Demand



It's tough out there

The high-margin fully insured business is declining. Medicaid lives are plateauing to declining. Medicare reimbursements are declining. ASO is under unprecedented pressure as employers seek other avenues for services.



Cost pressure is growing

Large to mid-sized vertically integrated healthcare enterprises are reflecting 1-3% margins. On the other hand, standalone health plans are closer to 1%, which is not sustainable or acceptable to stakeholders.



Vertically integrating out of trouble

Top-line and bottom-line challenges have forced more than 50% of health plans to acquire non-similar businesses such as health systems, pharmacy, and health services. There is some successful financial integration but none on operations.



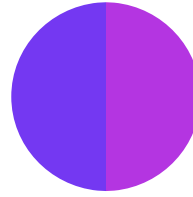
Employers will drive transformation

The health of ~30% of all lives in the US is being underwritten by employers that are increasingly seeking new models and channels to address the changing demographic and needs of their employees globally.



Equity will begin to matter

CMS has added the Health Equity Index (HEI) to Medicare Star ratings that will be used in the 2027 ratings calculations. Consequently, the time has come to translate the well-meaning health equity narrative into tangible action.



Supply



Outsourcing is growing

Health plans are increasingly outsourcing and offshoring to overcome their financial challenges, which is driving service provider growth. The services being outsourced include new (health equity) and traditional (customer service).



AI-enablement to the rescue

Providers will see margin erosion over the next three years but are betting on AI to automate and streamline processes to overcome margin dilution, a legacy tactic seen in the past with RPA and cloud.



No vertical integration playbook yet

Despite being able to address both payer and provider challenges independently, not many have integrated offerings to address vertical integration challenges, choosing to sell to legacy buyers instead.



Ignoring the only growth market

Servicing administrative services only (ASO) is not serving self-insured employers directly. The fastest and largest segment of the market is getting the cold shoulder, allowing a new generation of service providers to take pole positions.

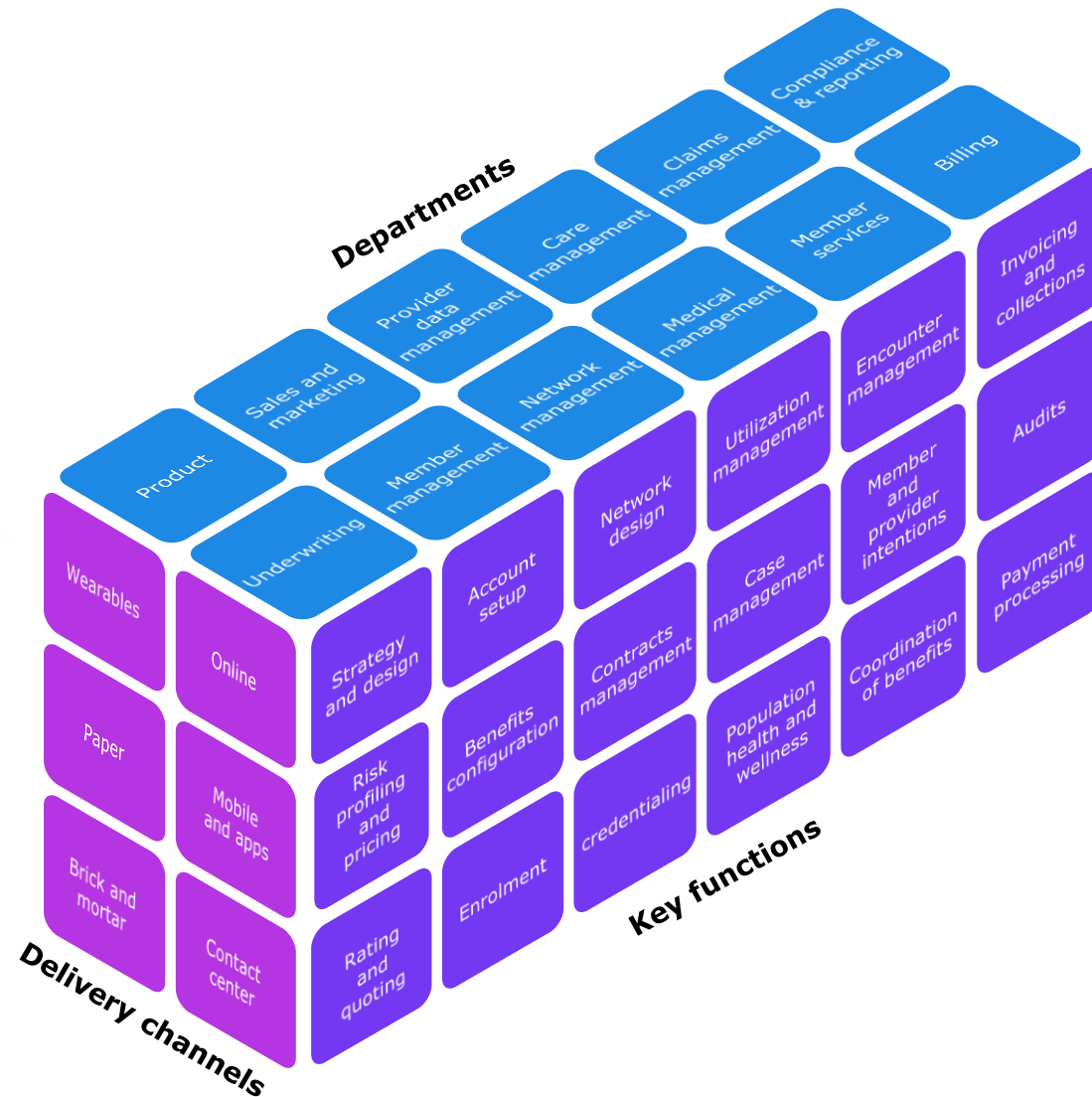


Action at the edges

Data aggregation and analytics to address equity are getting some traction, but solutions to drive sustainable and stronger impact have not seen much daylight.

Sample: 300+ health plans and 45 service providers
Source: HFS Research, 2024

The 21st century healthcare provider value chain must adapt to multidimensional challenges



- **Digital manifestation:** Typical linear value chains reflect analog business paradigms vs. representing a multi-dimensional digital delivery mechanism fit for the 21st century.
- **OneOffice:** The multi-dimensional value chain makes OneOffice intrinsic to its delivery capability.
- **Iterative transformation:** Digital reimagination can be effectively driven through industry value chains by making iterative and sustainable changes across multiple dimensions.

The HFS healthcare provider value chain spans three dimensions of care aligned to three market segments

This study will assess how well service providers are addressing the needs of US health plans (e.g., commercial, Medicare, Medicaid, Tricare, or other government programs) and self-insured employers. The study evaluates the capabilities of providers across the [HFS Healthcare payer value chain](#) (payer, payor, health insurance) and the outcomes delivered to understand their position on the HFS Horizon board. The study will seek to understand what services providers bring to the table across four dimensions:

Why	What	How	So what
The value proposition, the purpose for your participation in the marketplace, and the underlying motivation to deliver value.	The capabilities and solutions portfolio, its alignment with your value proposition, and the innovation pathway.	The go-to-market strategy, stakeholder (clients, partners, analysts, investors, regulators) connectivity and engagement, and ecosystem management (participants, efficacy, differentiation).	Impact on the quadruple aim of care with evidence and quantification of outcomes.

45 service providers have been evaluated in this report



Note: All service providers are listed alphabetically

Sources of data

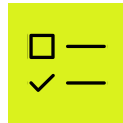
This Horizons research report relies on myriad data sources to support our methodology and help HFS obtain a well-rounded perspective on the service capabilities of the participating organizations covered in our study. Sources are as follows:



Briefings and information gathering

HFS conducted detailed **briefings** with healthcare leadership from each vendor.

Each participant submitted a specific set of **supporting information** aligned with the assessment methodology.



Reference checks

We conducted reference checks with **85 healthcare enterprises that are active clients and 78 active partners** of the study participants via surveys and interviews.



HFS Pulse

Each year, HFS fields multiple demand-side surveys in which we include detailed vendor rating questions.

For this study, we leveraged our fresh-from-the-field HFS Pulse study data featuring **~600 service provider ratings and insights** from **~32 health plan enterprises**.



Other data sources

Public information such as news releases and websites.

Ongoing interactions, briefings, virtual events, etc., with in-scope vendors and their clients and partners.

The study seeks to address multiple questions

Influencing the quadruple aim of care

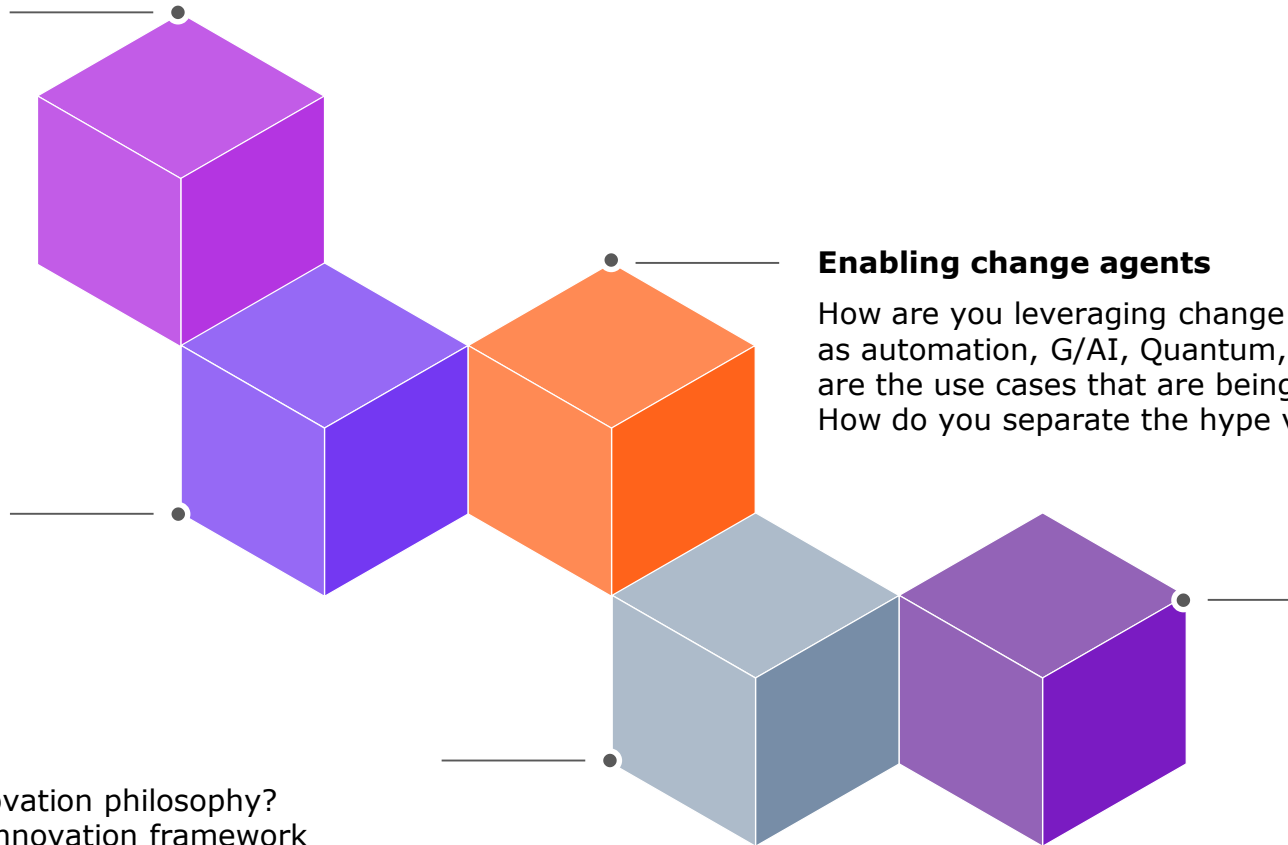
How do you help health plans and self-insured employers impact the cost of care (therapy, operations, etc.), the experience of care (access, distribution, etc.), health outcomes, and health equities? Are these part of your KPIs? Are they central to your business philosophy?

Real-world outcomes

What are the metrics that matter? Are you contracting capabilities or delivering outcomes? How are you measuring outcomes end to end?

Innovation

What is your innovation philosophy? What does your innovation framework look like? What are the experiences you are attempting to deliver? What is on your roadmap? Are your clients part of your innovation construct?



Enabling change agents

How are you leveraging change agents such as automation, G/AI, Quantum, etc.? What are the use cases that are being scaled? How do you separate the hype vs. the real?

Go-to-Market

What is your primary value proposition to the market? Do you lead by capabilities or with challenges you address? Do you leverage an ecosystem, or do you like to go it alone? Does the market think of you as a thought leader? Do your clients seek your advice?

Horizons assessment methodology: Health plan service providers

The **HFS Horizons: Healthcare payer service providers, 2024** report evaluates providers' capabilities across a range of dimensions to understand the **why, what, how, and so what** of their healthcare payer service offerings.

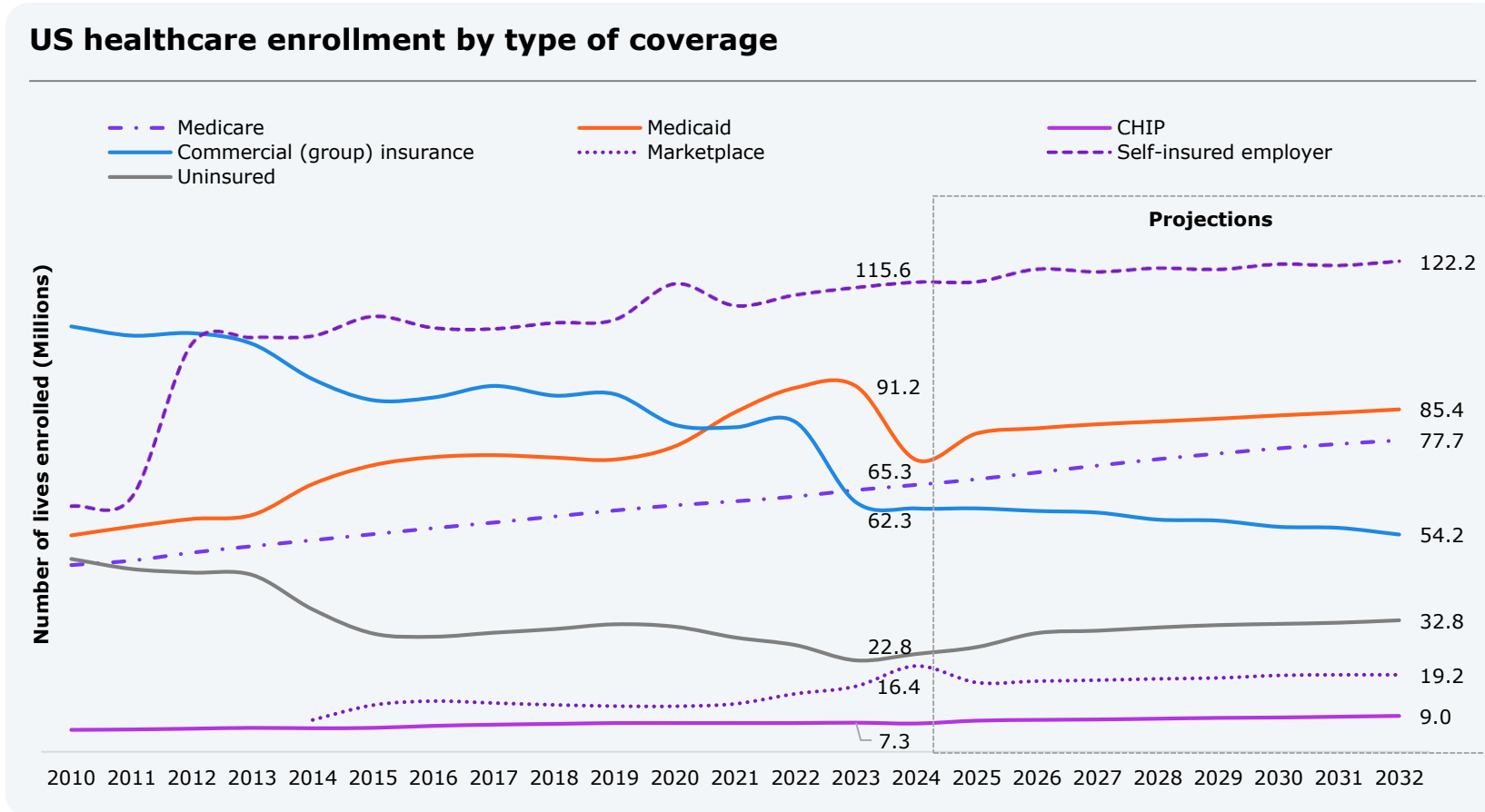
Assessment dimension (weighting)

		Value proposition: The Why?	Innovation capabilities: The What?	Go-to-market strategy: The How?	Market impact: The So What?
		<ul style="list-style-type: none"> Reducing the cost of care, enhancing the experience of care, and improving health outcomes Improving the efficacy of healthcare payer services and optimizing the value chain Addressing health equities 	<ul style="list-style-type: none"> Enabling technologies intelligently Designing creative commercial models Transcending beyond the line-item solutions Addressing multiple payer segments and adjacencies 	<ul style="list-style-type: none"> Value and outcome-based solutions Co-innovate and co-create scalable solutions Ecosystem efficacy and thought leadership 	<ul style="list-style-type: none"> Demonstrable client case studies Voice of the customer Voice of the partner Outcomes beyond table stakes
Distinguishing service provider characteristics	Horizon 3	<ul style="list-style-type: none"> Horizon 2+ Ability to drive "One Ecosystem" to find completely new sources of value Ability to reduce cost of care, enhance the care experience, and improve health outcomes Strategy through execution at scale 	<ul style="list-style-type: none"> Horizon 2+ Sophisticated capabilities across all value-creation levers A culture of innovation to develop IP Adopting emerging tech to address complex industry challenges Addressing new or adjacent markets 	<ul style="list-style-type: none"> Horizon 2+ Majority of outcome-based contracts or other creative contracts Delivering healthcare-specific transformation Consistently co-innovating or co-inventing with healthcare enterprises 	<ul style="list-style-type: none"> Horizon 2+ Quantifiable health outcomes Driving new business models based on partnerships Referenceable clients by impacting cost, experience, and health outcomes Addressing health equity
	Horizon 2	<ul style="list-style-type: none"> Horizon 1+ Ability to drive the "OneOffice" mindset to break down the barriers imposed by the value chain Ability to reduce the cost of care and enhance the experience of care 	<ul style="list-style-type: none"> Horizon 1+ Ability to support clients on their enterprise transformation journey Global capabilities with strong consulting skills and partnerships with major players Platform and assets built from the ground up and augmented through inorganic assets 	<ul style="list-style-type: none"> Horizon 1+ Addressing outcomes through proprietary and or industry-specific technologies (platforms, applications) enabled by domain experience Underwriting risk of implementations and or other creative contract models 	<ul style="list-style-type: none"> Horizon 1+ Quantifiable experiential outcomes Referenceable and satisfied clients for the ability to enhance experience Considering health equity
	Horizon 1	<ul style="list-style-type: none"> Ability to drive digital transformation to digitize legacy processes Reduce cost of care, operations, or delivery 	<ul style="list-style-type: none"> Primarily focused on technology implementation Offshore-focused execution with strong technical skills and partnerships Addressing client-specific challenges vs. industry-oriented challenges 	<ul style="list-style-type: none"> Addressing legacy processes and tactical operational challenges Delivering functional transformation 	<ul style="list-style-type: none"> Quantifiable cost outcomes Referenceable and satisfied clients for the ability to execute

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Market dynamics

The US healthcare demand landscape is changing rapidly, but service providers are yet to realize the impact

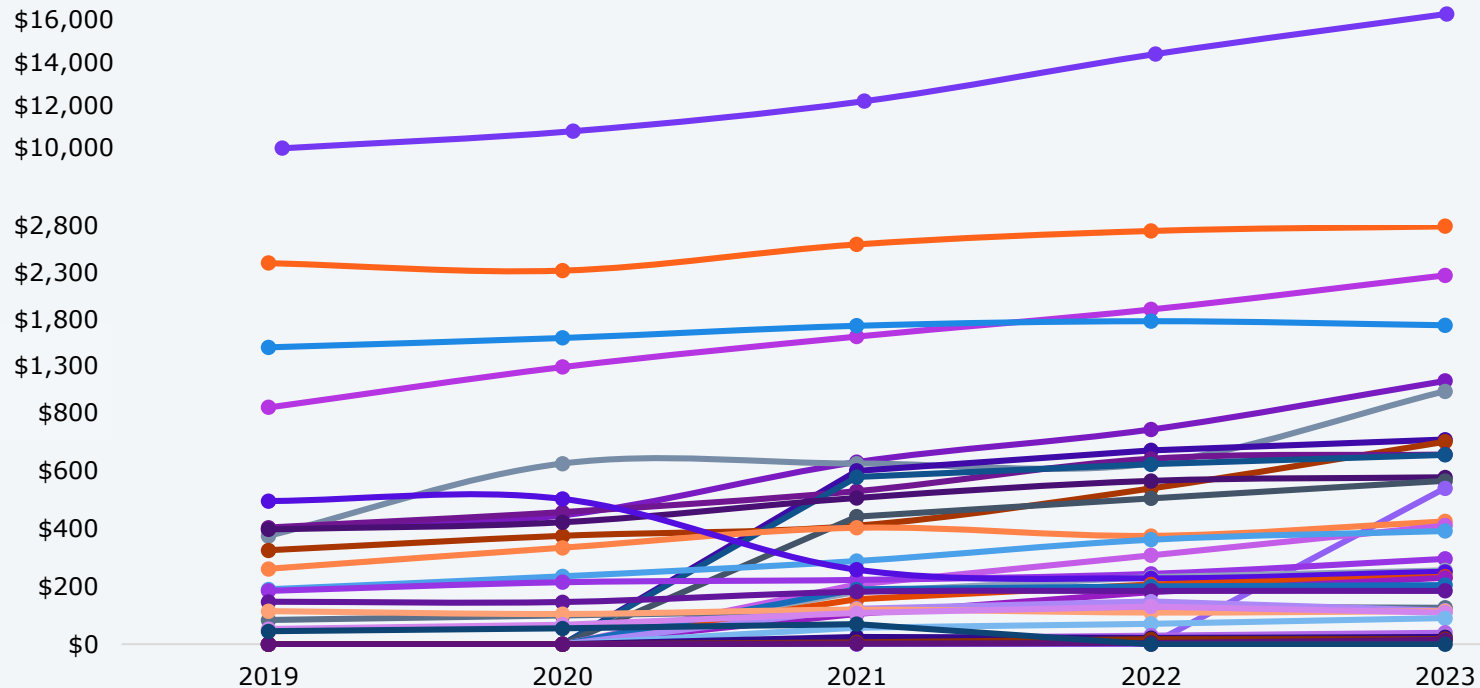


- Coverage has shifted dramatically post the Affordable Care Act as group commercial declined, offset by the increases in self-insured enrollment.
- Projections through the end of the decade show a similar trajectory with growth in Medicare, the marketplace, and self-insured lives.
- Medicaid as a percentage of the population will flatten without policy intervention.
- Investments in addressing health equity could have a positive effect on the uninsured rates, estimated to be below 10% of the total population.

Source: CMS, Congressional Budget Office, Kaiser Family Foundation, Bureau of Labor Statistics, HFS Research, 2024

Service providers are growing rapidly because health plans continue to struggle across both their top and bottom lines

Revenues of 34 service providers: 2019–23
(In millions)

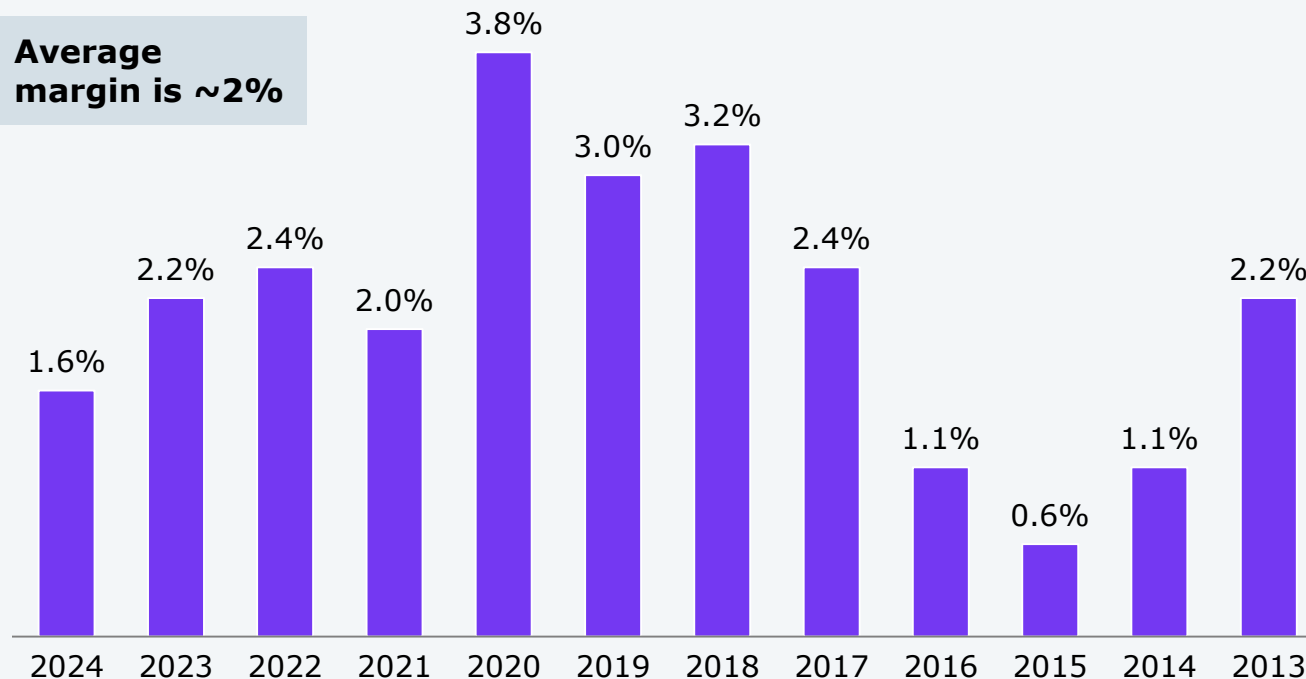


- Most service providers have stories of big deal wins over the last 24 months and will likely see more of such opportunities.
- The intense sourcing behavior of health plans is primarily driven by the overwhelming pressure to manage their costs.
- While some service providers are addressing strategic priorities such as improving the medical expense profile and integration planning and execution emanating from the C-suite, most others are addressing cost imperatives.
- The opportunities are and will be biased toward addressing the transactional processes, but progressive health plans will drive true transformation.

Sample: 34 service providers
Source: HFS Research, 2024

As health plan margins deteriorate, service providers will need more than AI to make the legacy payer market attractive

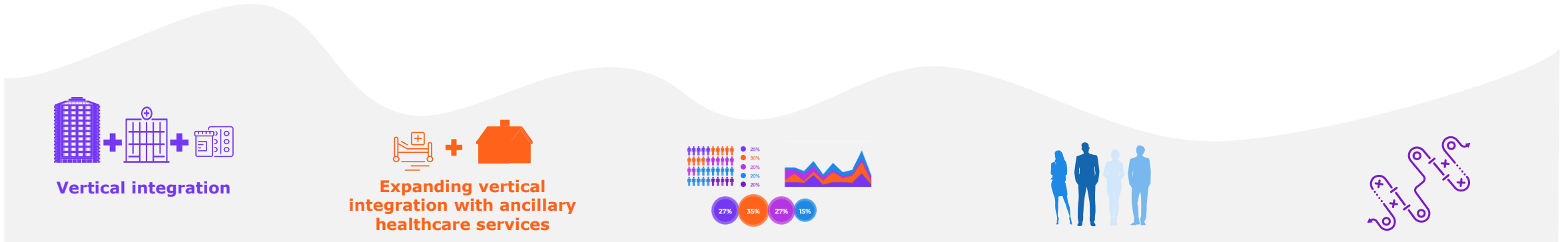
US health insurance profit margins: 2013–2024



- 72% of all US lives are underwritten by either the government (Medicare, Medicaid, CHIP) or self-insured employers, not health insurers.
- To make matters worse, the profitable underwriting service line continues to decline to below 30%.
- Provider networks are commodities that can be rented even as employers embrace direct-to-provider relationships.
- Consequently, payers are acquiring provider, tech, and services businesses to build vertically integrated businesses.
- There is no evidence that vertical integration is improving the financial story; case in point: margins of the six largest healthcare enterprises bar 1 is ~2.5%.
- As populations age, the prevalence of comorbidities rises, clinical shortages grow, and medical costs increase. There is no path, even with the promise of AI, for margins to improve in this traditional coverage market.

Source: NAIC, HFS Research, 2024

Vertical integration needs a different operating playbook to realize its promise that is yet to be created



State of play

The forecast

Performance

Buyer behavior

Playbook

- ~6 in 10 health plans have been acquisitive of non-similar businesses in the last 3 years.
- The acquisitions were a reaction to loss in their most profitable line of business (commercial), deteriorating margins, and waning influence.
- As of 2022, 4 out of 5 physicians in the US are employed by hospitals, insurers, or other corporate entities.
- 70% of commercial drug coverage is provided by insurers integrated with pharmacy benefit managers (PBMs), and more than 50% of all inpatient medical care is provided at hospitals that also sell insurance.

- Health outcomes such as perforation, bleeding, and infection are lower in independent gastroenterology vs. integrated gastroenterology and are 20% lower in cost.
- There is limited evidence of financial success at this time.

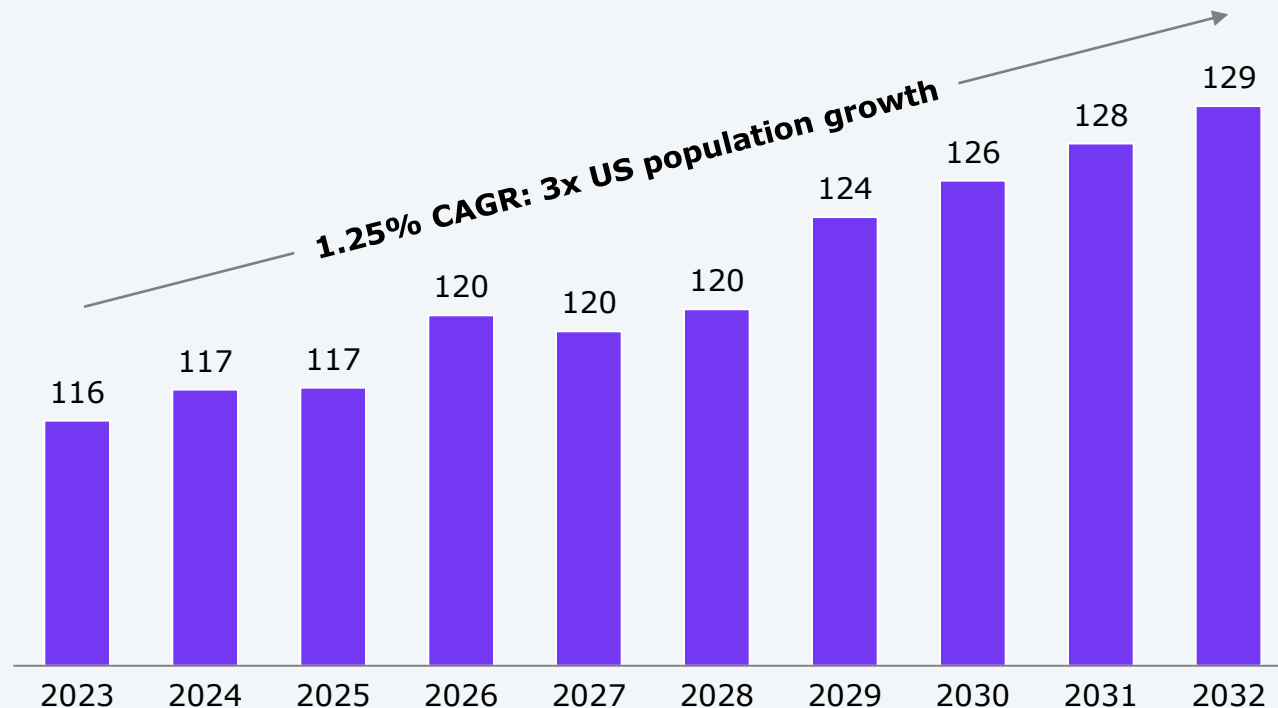
- Health plans continue to source tech and services as they did pre-integration.
- Organizational integration has not occurred in any healthcare enterprises.
- Synergies through sourcing are not seen at any meaningful level.

- 95% of service providers that address both payer and providers continue to go-to-market separately.
- Service providers have an opportunity to drive outside integration by taking integrated offerings to the market.

Source: NBER, HFS Research, 2024

Employers will drive the next phase of an apolitical health and care delivery transformation

US projected self-insured employer covered lives (millions)



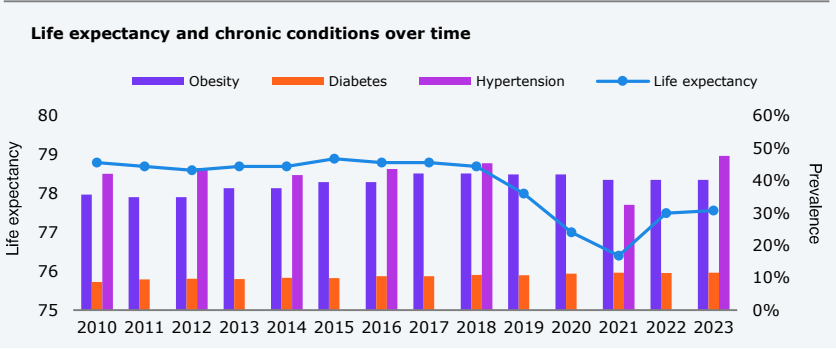
- Self-insured employer enrollment will grow faster than any other coverage type at ~1.25% CAGR between now and 2032.
- Growth is 3x the projected population growth, estimated to increase about 0.4% annually.
- Employers consider the health and care of their employees to be an economic imperative.
- Consequently, they are experimenting with non-traditional approaches that shun payers and embrace primary care (subscription) and direct-to-provider (capitated) contracts.
- Technology will play a massive part as employers seek ways to address the needs of five generations of their workforce.
- To support employers in the new path, a new generation of service providers is forming, which will likely disrupt those in this study if they don't actively lean into this growth market.

Source: US Census, US Bureau of Labor Statistics, CMS, HFS Research, 2024

Some attributes of the quadruple aim have stabilized but need significant attention overall

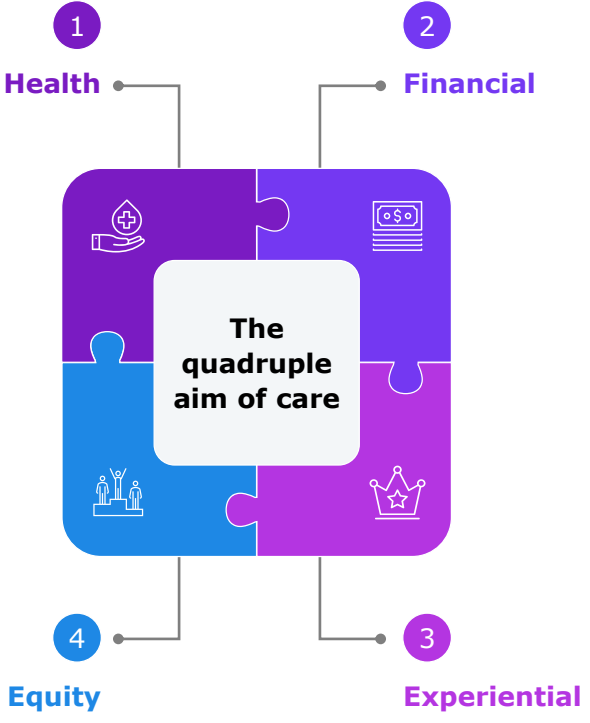
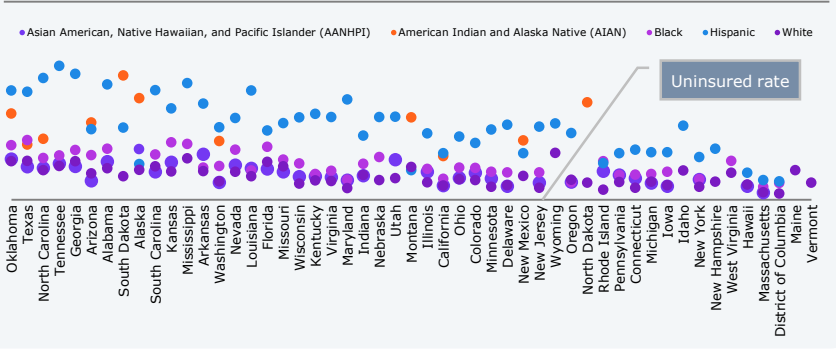
Improving health outcomes

Life expectancy and chronic conditions over time



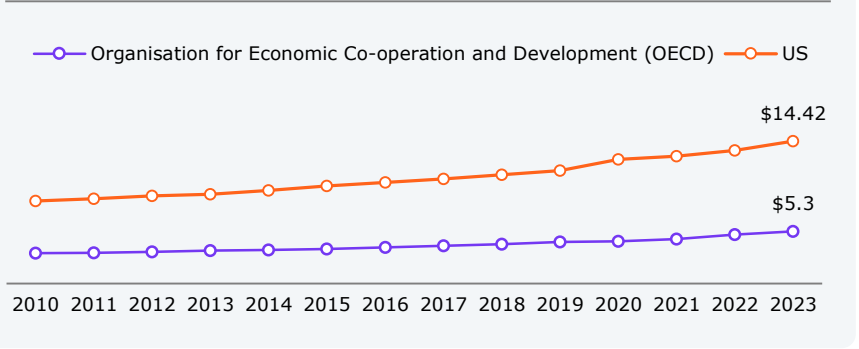
Addressing disparities and improving access to care

US uninsured rate of adults by race



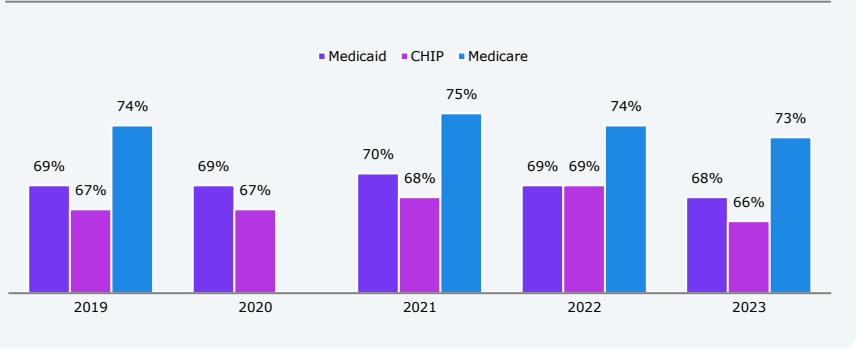
Reducing the cost of care

Healthcare per capita spend (\$)



Enhancing the experience of care for both patients and providers

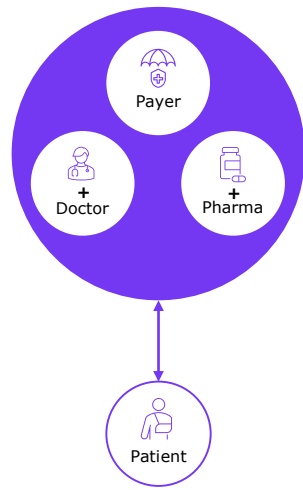
Customer experience (CSAT)



Source: CDC, OECD, HFS Research, 2024

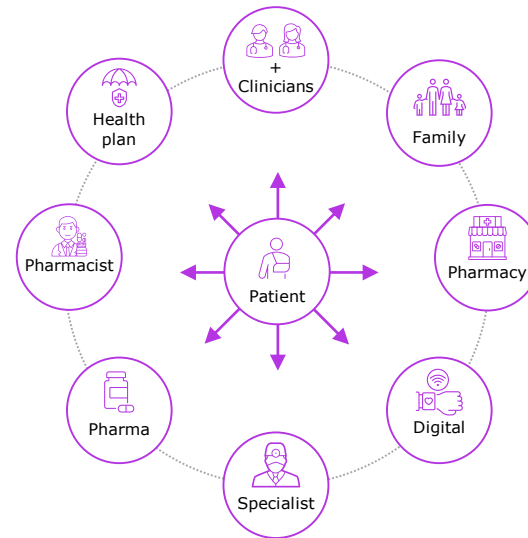
An evolving healthcare ecosystem leading to a wellness ecosystem is the best bet to meaningfully address the quadruple aim

Horizon 1: Comfort care Mid-to-late 20th century



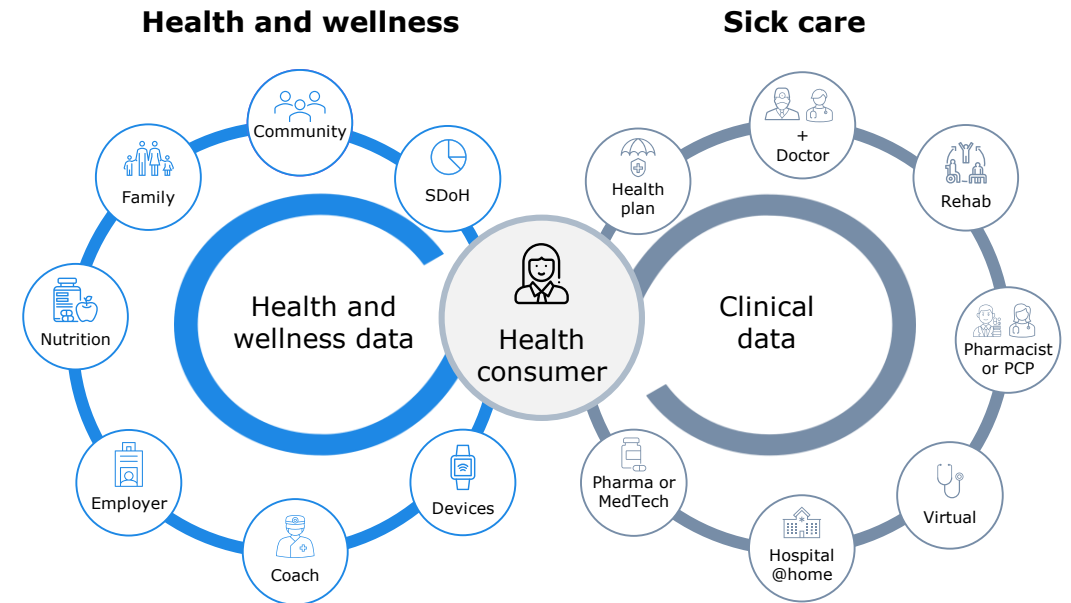
- Limited science for understanding or treating disease
- Hyper-personalized care
- Strong community to provide support and relief
- Relatively limited inequities
- Barter worked

Horizon 2: Sick care Late 20th century to present



- Science to cure disease or delay progression
- Factory model to deliver care
- Addresses only the symptoms
- Heavy administrative burden
- Deep intrinsic inequities
- Growing dependence on technology
- Medical bankruptcy is common

Horizon 3: Wellness ecosystem The future is getting here



- Return to the first principles of health—nutrition and mental and physical well-being
- Need-based intervention vs. demand-based
- Technology is core to supporting health choices and care delivery
- Real cross-industry collaboration to impact the triple aim of healthcare
- Addressing health equity and ESG meaningfully















Service providers must embrace a graduated innovation framework to support payers to mature and operate at Horizon 3 levels

Value aspiration

Linear

Horizon 1: Digital

Digitally optimized processes to drive improved business outcomes













-  Efficiency and effectiveness mindset
-  Centralized data and unified reporting
-  Consumer-centric
-  Process workflows
-  Siloed ecosystem (legacy)
-  Neo-health and big tech participation
-  Consumer experience applications
-  Virtual care (telehealth) expansion
-  Health and care app proliferation
-  Real-world data to improve customer 360° views
-  Industry cloud
-  Automation through CAPS
-  Platform enablement for EHR, RCM, CRM.
-  Mobility-driven engagement

Functional

Experiential

Horizon 2: OneOffice

End-to-end organizational alignment across front, middle, and back to drive unmatched stakeholder experience

-  Internal collaboration
-  Data-led decision-making
-  Digitally fluent talent
-  Human + machine processes
-  Direct-to-consumer services expansion
-  Vertical integrations and spin-offs
-  Employer as a health plan shifting employee benefits funding
-  Wearables and sensor cloud-based services
-  AR and VR to extend virtual care
-  Consumer choices enabled by AI
-  Integrated IoT-enabled consumer health
-  GenAI-enabled member engagement

Enterprise

Exponential

Horizon 3: OneEcosystem

Collaboration across the healthcare ecosystem to deliver against the quadruple aim of cost, health outcomes, experiences, and health equities

-  External collaboration creating ecosystems
-  Creative talent
-  Autonomous processes
-  Innovation mindset
-  Omnichannel personalization for providers and consumers
-  Intrinsic ESG enablement
-  Health equities are an economic imperative
-  Enhanced digital front door
-  Integrated wearables
-  Digital supply chains
-  Ambient tech-driven data-based decision-making
-  Post-quantum cryptography (PQC)-enabled cybersecurity

Ecosystem

-  Organization characteristics
-  Market dynamics
-  Digital health manifestation
-  Emerging-tech-enabled solutions

HFS' Enterprise Innovation Framework lends clarity to the noise of emerging technologies driving digital health.

Innovation scope

3

Horizons results: Healthcare payer service providers, 2024

HFS Horizons: Summary of providers assessed in this report (1/2)

Providers (alphabetical order)	HFS point of view
Accenture	Reinvention through innovation, ecosystem partnerships, and operational excellence
Apexon	Streamlining operations and enhancing member engagement while investing in health equity solutions
Brillio	Taking a core tech approach to healthcare payer opportunities
Capgemini	Leveraging consulting expertise to enhance healthcare efficiencies
Carelon	Long lineage and deep expertise across the healthcare ecosystem
CitiusTech	Driving data convergence across the healthcare ecosystem
Cognizant	Creating real pathways to enable payer-provider convergence
Conduent	Tenure and platform-enabled services address legacy needs
Deloitte	Leaning into health equities globally to improve access with enabling technologies
Emids	Modernizing healthcare payer operations with digital solutions
Evernorth	Reframing the services paradigm with a focus on tech-enabled clinical services
Eviden Atos	Enabling a safe passage to the future with innovation

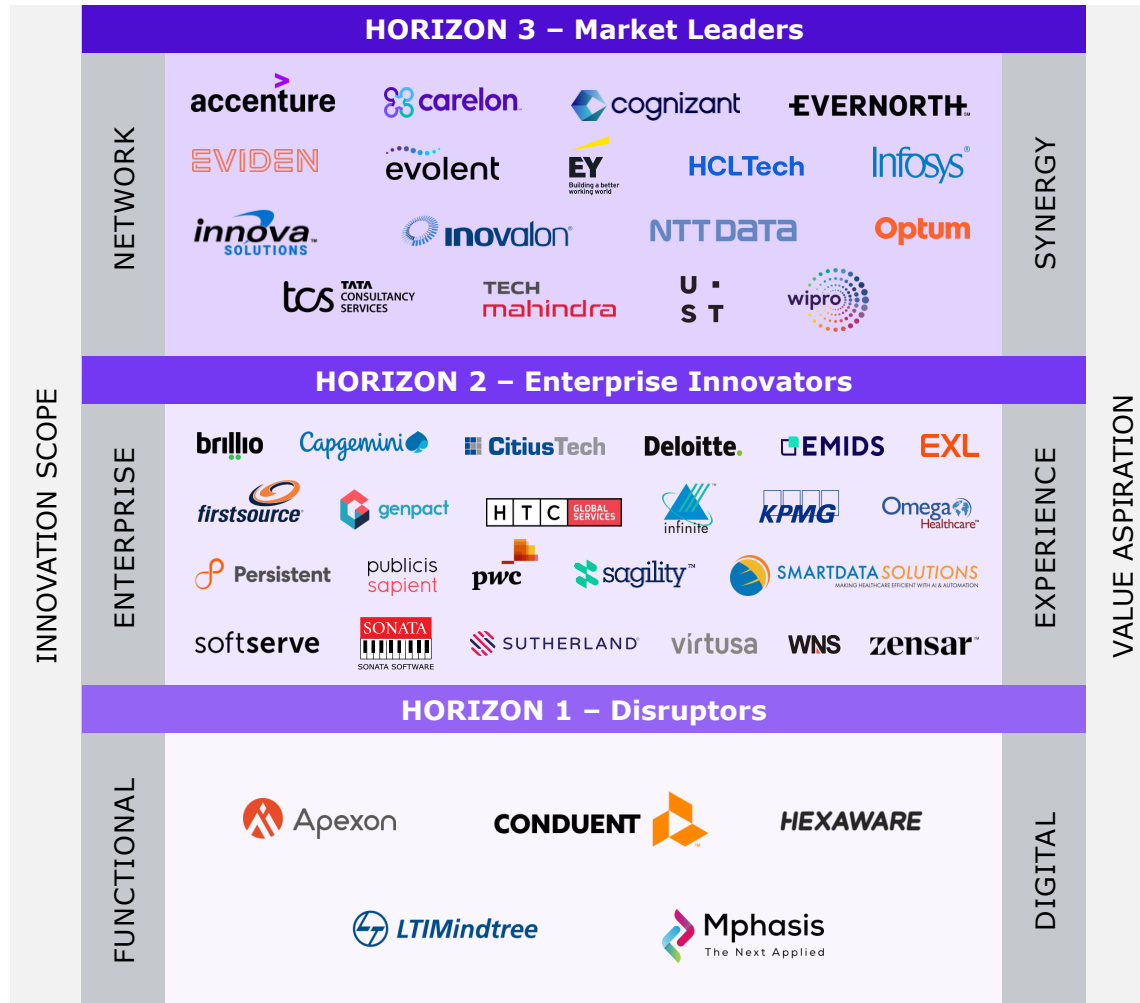
Providers (alphabetical order)	HFS point of view
Evolent	Transitioning its value proposition to address value-based care opportunities
EXL	Utilizing analytics to streamline healthcare operations and reduce costs
EY	Infusing sustainability and equity to enhance the impact of value creation
Firstsource	Enabling emerging technology to operational services
Genpact	Leveraging process mining and analytics to optimize operations and impact health outcomes
HCL	Driving value creation through outcome-based models and integrated solutions
Hexaware	Enabling cloud solutions and automation to address technology challenges
HTC Global Services	Leveraging platforms, long-term partnerships, and healthcare expertise to drive transformation
Infinite	Utilizing platforms and COEs to create value at scale and speed
Infosys	Driving harmony to better connect member outcomes and business value
Innova Solutions	Transforming healthcare with technology across the payer-provider ecosystem
Inovalon	Creating value through health data to impact real-world outcomes

HFS Horizons: Summary of providers assessed in this report (2/2)

Providers (alphabetical order)	HFS point of view
KPMG	Addressing health equity and innovating with purpose as standout items
LTIMindtree	Offering scalable, AI-driven payer solutions and enhancing care coordination
Mphasis	Flexible pricing models enabled by platforms delivering in favor of payers
NTT DATA	Following an integrated ecosystem approach
Omega Healthcare	Combining clinical and administrative capabilities to drive engagement
Optum	Unparalleled scale and domain expertise creating opportunities and value
Persistent	Creating value to address a converging healthcare value chain
Publicis Sapient	Driving better experiences through the healthcare journey with digital services
PwC	Global advisory creating value through social determinants of health
Sagility	BPO services to address the payer-provider continuum
Smart Data Solutions	Driving efficiency in healthcare through automation and interoperability

Providers (alphabetical order)	HFS point of view
SoftServe	Enabling transformative experiences and accelerating business outcomes
Sonata	The trifecta addressing efficiency, compliance, and member engagement
Sutherland	Digital-first serving BPaaS and automation to drive transformation
TCS	Meeting payers where they are with innovation and consistent operational impacts
Tech Mahindra	Leveraging its platforms and framework to influence the quadruple aim of care
UST	Empowering healthcare transformation through data, AI, and value-driven care
Virtusa	Enabling value-based care and health equity-driven solutions
Wipro	Value creation at scale through platformization
WNS	Driving human-centered clinical and administrative digital transformation
Zensar	Enhancing operational efficiency and improving member engagement

HFS Horizons for Health plan service providers



Horizon 3 – Health plan native transformation providers demonstrate:

- Horizon 2+
- Ability to drive “One Ecosystem” to find completely new sources of value
- Ability to reduce the cost of care, enhance the experience of care, and improve health outcomes
- Actively addressing health equity and incorporating it into solutions
- Strategy through execution at scale with sophisticated capabilities across all value creation levers
- A culture of innovation to develop IP while adopting emerging tech to address complex industry challenges
- Addressing new or adjacent markets
- Majority of outcome-based contracts or other creative contracts to deliver domain-specific transformation
- Consistently co-innovating or co-inventing with healthcare payer enterprises
- Referenceable and satisfied clients across the quadruple aim of care

Horizon 2 – Enterprise business transformation providers demonstrate:

- Horizon 1+
- Ability to drive the “OneOffice” mindset to break down the barriers imposed by the value chain
- Ability to reduce the cost of care and improve the experience of care
- Ability to support clients on their enterprise transformation journey
- Global capabilities with strong consulting skills and partnerships with major players
- Platform assets built ground up and augmented through inorganic assets
- Addressing outcomes through proprietary and/or industry-specific technologies (platforms, applications) enabled by domain experience
- Underwriting risk of implementations and or other creative contract models
- Referenceable and satisfied clients for the ability to enhance experience
- Beginning to consider health equity implications in the value being delivered

Horizon 1 – Functional transformation providers demonstrate:

- Ability to drive digital transformation to digitize legacy processes
- Reduce cost of care, operations, and/or delivery
- Primarily focused on technology implementation
- Offshore-focused execution with strong technical skills and partnerships
- Addressing client-specific problems vs. industry-oriented challenges
- Addressing legacy processes and tactical operational challenges
- Delivering functional transformation
- Referenceable and satisfied clients for the ability to execute


Note: All service providers within a Horizon are listed alphabetically.

Source: HFS Research, 2024

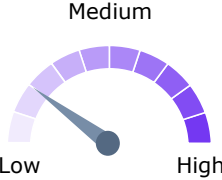
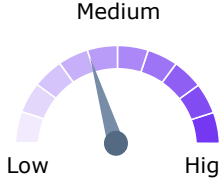
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Brillio profile: Healthcare payer service providers, 2024

Brillio: Taking a core tech approach to healthcare payer opportunities

<p>HORIZON 3 – Market Leader</p>	<p>Strengths</p> <ul style="list-style-type: none"> • Value proposition: Cost optimization, improve member experiences, and leverage advanced technologies to achieve better operational outcomes. • Capabilities: Predominantly focused on member and provider services that are built on a strong foundation of AI, automation, and cloud, supported by a consulting-led approach. • Go-to-market: Focuses on delivering measurable outcomes through a consulting-led, technology-driven approach, leveraging strategic partnerships, targeted market focus, and proprietary frameworks. • Outcomes: Reduced operational costs, enhanced digital experiences and member satisfaction, and improved processing speeds. • Innovation: Key strategies to advance value creation include fast adoption of emerging tech, creation of ecosystems, and outcome-based engagements. In addition, investments are being made in creating thought leadership. • Customer: Praise its strong collaboration, transparency, skilled resources, quality, commitment, expertise, proven success, and effective accelerators. • Partner: Appreciate its effectiveness, capabilities, cost efficiency, scalable talent, technological expertise, and strong customer-centric approach, driving impactful outcomes. 	<p>Development opportunities</p> <ul style="list-style-type: none"> • Outcomes: Leveraging tech capabilities to address health equity and social determinants of health could have a powerful impact. • Innovation: An enterprise innovation framework is critical to optimize investments and accelerate value creation. • Customer: Seek better digital transformation, healthcare administration, claims adjudication, process efficiency, integrated emerging technologies, enhanced IT strategies, and higher quality assurance in development and product solutions. • Partner: Seek enhancements in database modernization, cloud, patient engagement, digital enablement, and payer interoperability for improved efficiency and outcomes.
<p>HORIZON 2 – Enterprise Innovator</p> 		
<p>HORIZON 1 – Disruptor</p>		

<p>Relevant M&A and partnerships</p> <p>Recent acquisitions:</p> <ul style="list-style-type: none"> • Cedrus Digital : Digital transformation service capabilities in the healthcare and financial services industries (2021) <p>Partnerships:</p> <ul style="list-style-type: none"> • AWS, Microsoft, Google Cloud, Snowflake, Adobe, ServiceNow, IBM, Okta, Change Healthcare, dacadoo, Lilac Insights, Azodha 	<p>Key clients</p> <p>Number of clients: 10</p> <p>Key clients:</p> <ul style="list-style-type: none"> • Top 5 global health service company • Top 5 payer in the US • Leading pharmacy benefit management company • Top 10 not-for-profit health insurer in New York • Top 3 health insurer in the US • Top 5 healthcare enterprise in the US
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<p>Global operations and resources</p> <ul style="list-style-type: none"> • Healthcare payer services headcount: 700 • Delivery and innovation locations: 12 and locations by major geo in North America, India, Europe • Healthcare payer services: Consulting services, enterprise modernization, intelligent automation, operational transformation 	<p>Flagship internal IP</p> <ul style="list-style-type: none"> • Healthcare payer solutions: Call Center Agents Digital Twins, Personal Health Concierge, Unified Communication as a Service, One Service Driven Architecture For Web & Mobile, Virtual Assistant, Capture AI, AI Driven E2E Electronic Prior Authorization For Payer-provider, Payer Competitive Intelligence, Intelligent Search, Clinical Annotation, Epic On Azure/GCP • Platforms/frameworks/tech-enablers: Brillioone.ai (oneEngineering, oneCloud, oneFlash, oneHealth), PCF Migration Framework, Oracle to Postgres Migration Framework, Generative AI Readiness assessment framework 	<p>Health equity meter</p> 	<p>Sustainability meter</p> 
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Executive Research Leader

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Rohan leads the healthcare practice at HFS, bringing to bear his vast experience across the healthcare ecosystem. His experience includes being the head of healthcare strategy at multiple Fortune 500 companies, product management leader, and CIO at two health plans. He is passionate about the quadruple aim of care (reducing the cost of care, enhancing the care experience, improving health outcomes, and addressing health equities) and believes that health and healthcare are a polymathic opportunity that intersects with every industry and facet of our lives. His well-rounded experience and passion bring a practical approach to his analyst role at HFS.

Rohan has an engineering degree from the University of Mysore, India, an MBA from the University of Dundee and the London School of Economics in the UK, and a product management diploma from Harvard Business School.



Mayank Madhur

Associate Practice Leader

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Mayank is an associate practice leader at HFS Research, with an industry focus on healthcare and life science and a horizontal focus on IoT, Industry 4.0, and sustainability. He is a certified Sustainability and Climate Risk (SCR) professional from the Global Association of Risk Professionals (GARP). He has nearly a decade of experience in research, pre-sales, and software development, has contributed to business strategy and pre-sales at Altimetrik, and has worked on M&A analytics. At HCLTech, he supported R&D for a major medical device client.

He holds a certificate in strategic management from IIM Kashipur. He has a master's in business administration from Birla Institute of Technology and Science College, Pilani (BITS, Pilani University) and a bachelor's in engineering in electrical and electronics. He is presently pursuing a post graduate diploma in public health management.

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