



Everest Group PEAK Matrix[®] for Healthcare Payer Operations Service Provider 2022

Focus on Wipro
March 2022



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.

The full 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, EXL, 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

Everest Group Healthcare Payer Operations PEAK Matrix® characteristics

Everest Group classified 32 healthcare payer BPS providers on the Everest Group PEAK Matrix® into the three categories of Leaders, Major Contenders, and Aspirants. The PEAK Matrix® is a framework to assess the absolute market success and overall capability of service providers.

Leaders:

There are nine service providers in the Leaders category – Accenture, Cognizant, Conduent, EXL, Firstsource, HGS Healthcare, NTT DATA, Optum, and Wipro

Major Contenders:

The Major Contenders category has 18 service providers – 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:

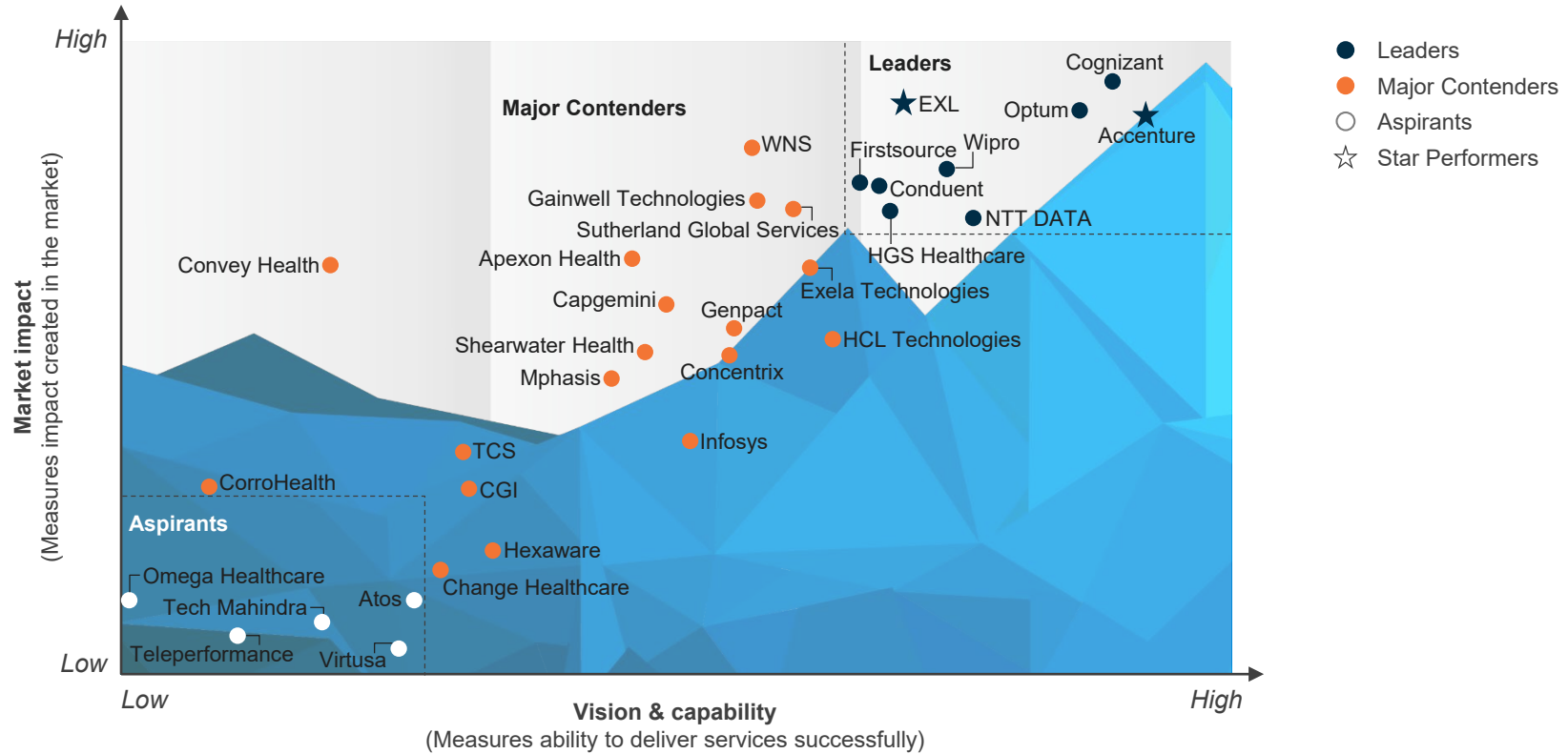
There are five service providers in the Aspirants category – Atos, Omega Healthcare, Tech Mahindra, Teleperformance, and Virtusa

Everest Group conferred the “Star Performers” title on providers that demonstrated the strongest forward and upward movement (June 2020 – June 2021) on the PEAK Matrix®. Accenture and EXL are Star Performers on the Everest Group [Healthcare Payer Operations PEAK Matrix® Assessment 2022](#).

Everest Group PEAK Matrix®

Healthcare Payer Operations PEAK Matrix® Assessment 2022 | Wipro positioned as a Leader

Everest Group Healthcare Payer Operations PEAK Matrix® Assessment 2022^{1,2,3}



1 Assessment for Atos, Capgemini, Concentrix, CGI, CorroHealth, Convey Health, Gainwell Technologies, HCL Technologies, HGS Healthcare, Hexaware, 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.
 3 The service providers who participated in two consecutive PEAK assessments (2020 and 2022) have been considered for Star Performers rating.

Source: Everest Group (2022)

Wipro | healthcare payer operations profile (page 1 of 7)

Overview

Company overview

Wipro Limited is a global information technology, consulting, and business process services company that offers cognitive computing, hyper-automation, robotics, cloud, analytics, and emerging technologies to help clients adapt to the digital world. With over 210,000 employees, the company serves clients across six continents.

Key leaders

- **Rishad Premji**, Chairman
- **Thierry Delaporte**, Chief Executive Officer & Managing Director
- **Srinivas Pallia**, President & CEO – Americas 1, Strategic Market Units
- **Nagendra Bandaru**, SVP & Chief Executive, DOP
- **Jasjit Singh Kang**, SVP & Head – Healthcare, Insurance, and BFS
- **Mohd. Haque**, SVP & Global Head, Healthcare
- **Prashant Kulkarni**, Vice President Health, DOP

Headquarters: Bangalore, India

Website: www.wipro.com

Suite of services:

- Product development
- Member engagement
- Claims management
- Network management
- Care management
- Risk and compliance

Healthcare payer operations	2018 ¹	2019 ¹	2020 ¹	2021 ¹
Revenue (US\$ million)	316	351	387	438
Number of FTEs	9,050	10,069	11,380	12,973
Number of clients	21	19	19	24

Recent acquisitions and partnerships

- **2020-21:** partnered to drive end-to-end BPaaS along with HealthEdge, Plexis, Medversant, and CHC. Partnership with Raziel Telehealth to drive remote patient monitoring, virtual health, and telemedicine. Partnership with Innovacer, Esseste, and Zeomega to drive population health management care coordination and disease management. Partnership with Uniphore to drive omnichannel experience across member & provider communication on the backbone of sentiment/behavior analytics to drive NPS/CSAT
- **2019:** partnered with a global conversational AI company, providing AI-enabled conversational automation and analytics (speech), conversational assistant, and voice biometrics solutions. Wipro has collaborated with Innovacer for interoperability and healthcare analytics and partnered with Medversant for provider lifecycle management
- **2018:** acquired Cooper and Syfte to enhance connected healthcare services, member journey mapping (DesignIT), access crowdsourcing community, and design thinking techniques

Recent developments

- Invested in a payer business transformation framework “Digitized Health Experience” through consulting and digital-first approach, driven by a combination of domain consultants, automation, and technology to transform and predict operations
- Launched a new analytics solution that uses pre-defined applications to uncover business insights
- Launched NCQA-certified provider lifecycle management through platform solution providers in the provider contracting, screening, monitoring, and credentialing functions
- Launched population health and care management platform solution providing member-centric view, automated assessments, care planning, and flexible care coordination workflow
- Launched consulting-led member/provider journey mapping and population health analytics reporting

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

Wipro | healthcare payer operations profile (page 2 of 7)

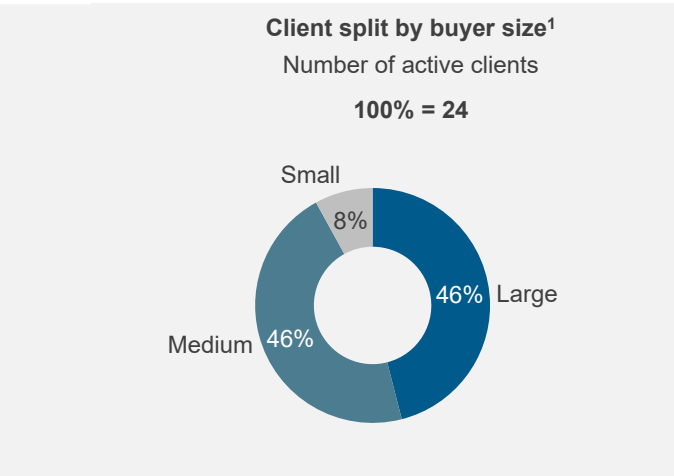
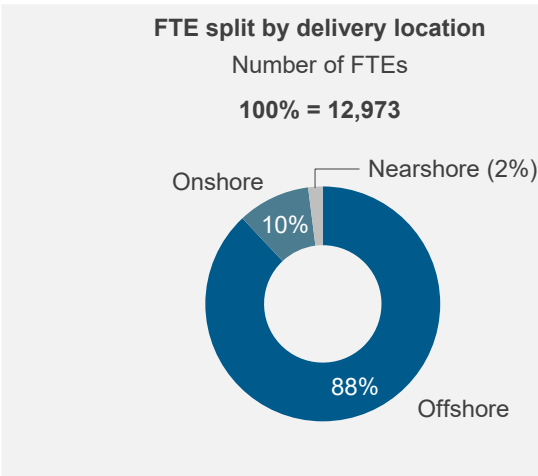
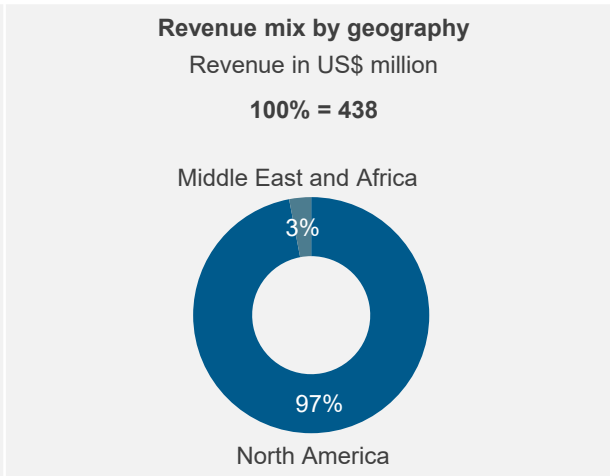
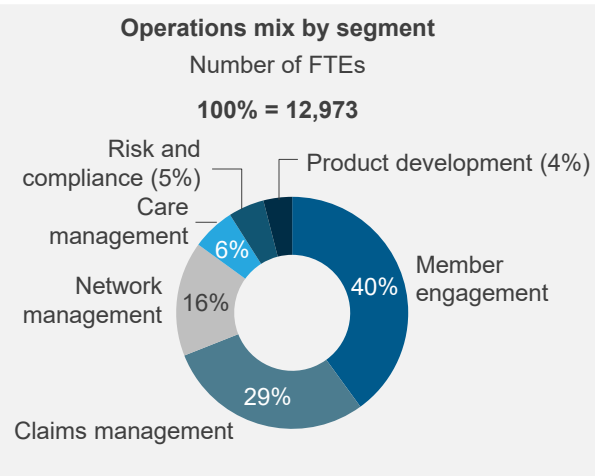
Key delivery locations



Wipro | healthcare payer operations profile (page 3 of 7)

Capabilities and key clients

Key healthcare payer operations engagements			
Client name	Processes served	Region	Client since
A managed care company headquartered in Long Beach, California,	Member engagement	North America	2021
A non-profit institute for oral health	Network Management	North America	2020
A leading blue plan	Claims management	North America	2018
A member-owned health insurance company	Member engagement	North America	2015
A not-for-profit healthcare organization	Member engagement	North America	2013
A leading Fortune-10 payer	Claims management, member engagement, network management, and risk & compliance	North America	2002
A state Medicaid for a Mid-Western US state	Claims management, member engagement, and care management	North America	1990



¹ Buyer size is defined as large (>US\$10 billion in revenue), medium (US\$1-10 billion in revenue), and small (<US\$1 billion in revenue).

Wipro | healthcare payer operations profile (page 4 of 7)

Technology solutions/tools

Solution name	Processes served	Year launched	Description	No. of clients
Raziel health	Network management and care management	2021	It is a continuous care platform, which is cloud-based and uses AI and ML to provide premier care to patients at home. Raziel performs real-time monitoring and collects and curates vitals and lifestyle data at the patient- and population-level in order to deliver actionable, tactical insights. This, in turn, means improved financial health for providers and health plans.	1
Clinical review – digitize notes bot, medical & RX ontology, and research-assisted bots	Claims management, care management, and risk & compliance	2021	It helps in digitization of intake notes via platform or scanned documents. It also helps to classify information provided in medical notes through medical ontology developed on Holmes. Its built-in assisted bots unify information for evaluating approval or denial of claim.	1
Base)))™	All	2019	It is Wipro's comprehensive BPM, embedded analytics, and project management platform that is a fully integrated end-to-end business operations platform enabling agile transformation.	3
Icertis	Network management and care management	2019	It is a contract management platform that solves contract management problems by transforming contracts into strategic business assets, giving global enterprises powerful new capabilities to maximize revenue, control costs, and manage risk.	2
Provider data intake and triage bots	Network management	2018-21	It provides intake of multiple format provider demographics and contract types. It analyzes unstructured sources, auto-cleanses, auto-detects, and triages documents to network management teams. It provides virtual gatekeeping before clarifications are raised to onshore managers / SME. There is unified synchronization of data across multiple payer platforms.	4
Smart adjudication claims engine	Claims management, care management, and risk & compliance	2018-21	It provides auto-processing of claim fallouts from the auto-adjudicator and auto-calculation of payable interest amount. It provides assisted and automated research to reduce average handling time with an enhanced processing tool. It assists in predictive inventory segregation of workable and non-workable claims. It also provides auto-correction bots for resolution of potential under/over payment edits and predictive models (anomaly detection) for proactive identification of potential FWA claims/payments.	5
Appeals – appeal intake & digitize engine, data extraction engine, and case setup bot	Claims management, care management, and risk & compliance	2018-21	It provides intake of appeals, detection of appeals and grievances, analysis of unstructured documents, and case set-up with data extraction and population on client applications.	1
NPS and sentiment analytics	Member engagement	2018	It is a solution that helps in analyzing member experience during annual enrollment period or open enrollment period and provide insights to improve member experience.	5
Payer-in-a-Box (BPaaS)	Claims management, member engagement, and network management	2018	It is a combination of Wipro in-house tools along with partners (HealthEdge, Medversant, Plexis, and CAQH) to enable an end-to-end BPaaS solution for Medicare and Medicaid customers.	5

Wipro | healthcare payer operations profile (page 5 of 7)

Technology solutions/tools

Solution name	Processes served	Year launched	Description	No. of clients
Provider life cycle management	Network management	2018	It is an NCQA-certified comprehensive and fully integrated end-to-end business operations platform and people solution to support provider credentialing operations.	5
Cross-functional tools – training simulator, virtual auditor, virtual SME/chat bots	All	2016-21	It helps in scenario-based transaction simulations with varied complexity and advanced analytics to enhance training proficiency. It also provides audit automation enabled with logic to systematically audit 100% population vs. the sample size. It has chatbots for on-time agent query resolution to ensure standardized level II support and replace human SMEs. It is an easy-to-configure skillset-based workflow solution that can enable real-time tracking of volume, resource utilization, productivity, and turn around times.	10
Benefit administration and testing	Member engagement and product development	2016-21	It is a testing tool used for running test claims. It has a bot designed to intake benefit grid/template and create a coverage summary document. It intakes communication/documents from customers, auto-incorporates the benefit template, intakes approved benefit template, and configures benefits across multiple platforms along with intake summary plan document for benefit interpretation. It also classifies new or update requests and auto-aligns benefit elements.	1
Document intake and triage	All	2016-21	It provides intake of multi-format documents, analysis of unstructured and freeform documents, data classification for extraction, and data entry across payer platforms.	5
HOLMES™ Solution (across payer value chain)	All	2016 onward	It is a customizable and flexible solution offering, which means that besides hyper-automation of payer business processes, the platform also lends itself to seamlessly integrating with systems. It is built on multiple open-source components.	All
EDPS including RAPS module	Member engagement	2015	It assists health plans in submitting Medicare Advantage, Managed Medicaid, and dual demonstration encounter data to the centers for Medicare and Medicaid (CMS), and states. EDPS is a CMS and HIPAA- compliant processing solution that manages front-end testing, end-to-end testing, and certification logistics.	N/A
ClaimsLink	Claims management and member engagement	2015	ClaimsLink is a fully cloud-based solution to automate claims processing and capitalize on the HIPAA transaction standards and required code sets. ClaimsLink allows clients to automate adjudication and critical operations, with the result that they can save time on manual workarounds or file transfers and concentrate more on providing member satisfaction.	4
Wipro Harmony	All	2014	It is a business interaction design and digitization solution for planning, designing, executing, managing, and benchmarking business interactions, metrics, and processes.	All

Wipro | healthcare payer operations profile (page 6 of 7)










Technology solutions/tools

Solution name	Processes served	Year launched	Description	No. of clients
AG360	Member engagement	2014	It is an appeals, grievances, and complaint tracking module that allows the client to track cases at each stage of the process to ensure compliance and timeliness.	4
ServiceLink	Member engagement	2011	It delivers the operational expertise and technology enablers to manage premium billing, reconciliation, in-force administration, and customer service. The solution leverages its processing expertise to drive operational efficiencies and effectively manage ongoing operational costs. The solution is available as a portal, web service, and mobile offering. It has a cloud-based CRM interface providing a complete view of all member demographic, product coverage, billing, and member interaction information.	14
LoyaltyLink	Member engagement	2011	It is a solution to increase member effectuation and retention through increased membership insight, deeper member relationships, and strengthen brand loyalty via advanced analytics and member touch points.	4
SalesLink	Member engagement	2011	It enables member acquisition through precision marketing, customized messaging, and consultative in-house sales support. It increases incremental revenue through cross-selling, direct to consumer, broker, and payer portals.	16
ExchangeLink	Member engagement	2011	It connects payers with public and private health exchanges to aggregate and process data across multiple platforms and distribution channels. It supports federal exchange and the quote-to-card management process.	14
Member360	Member engagement	2008	It focuses on providing membership enrollment and management, supported by correspondence automation and generation, TRR, CMS file reconciliation, and premium billing, among other features. It provides high first-pass acceptance rate, leading to lesser number of rejections from CMS, with improved star ratings.	20
Billing 360	Member engagement	2010-21	It helps in automated cash balancing/split/refund/reinstatement/write-off for policies out of sync or termed or lapsed. It facilitates auto-correction of adds/ updates/ cancels/ terms to enrollment system. It has a background bot to validate "coverage history. The company has an enrollment & billing error detection tool. It also reconciles CMS and carrier data for proactive identification of premium refunds	12
Revenue360	Member engagement	2008	It captures various Part C and/or Part D payments, including member premium for SSA withholding, automatically applies lump sum retroactive payments split across months, calculates expected plan payments for the month, and reconciles the data every month.	18

Wipro | healthcare payer operations profile (page 7 of 7)

Everest Group assessment – Leader

Measure of capability:  Low  High

Market impact				Vision & capability				
Market adoption	Portfolio mix	Value delivered	Overall	Vision and strategy	Scope of services offered	Innovation and investments	Delivery footprint	Overall
								

Strengths

- Wipro has actively started investing in clinical services, especially in functions such as health risk assessment, medical coding, and nursing support. Considering that clinical services are a key focus area for payers, these investments are likely to help it gain share in the fast-growing market segment
- Wipro's Member-360, a comprehensive member management platform has been deployed by a lot of customers. Utilizing this platform helps the members to reduce improper claim payments, lessen the administrative burden and cost to support enrollment, and decrease the number of appeals and grievances
- It is focusing on building an extensive network of strategic partners and vendors. For instance, Wipro's partnership with Change Healthcare for its M-360 product and collaboration with Raziel Telehealth to drive remote patient monitoring have been seen as steps in the right direction to leverage the capabilities of third-party organizations to build a holistic solution to address payer needs
- The healthcare payer market is experiencing an increase in the penetration of new generation technologies and platforms to address problems. The launch of Wipro Digital Academy to build a strong team of engineers showcases its focus on enhancing its innovation and automation-related capabilities

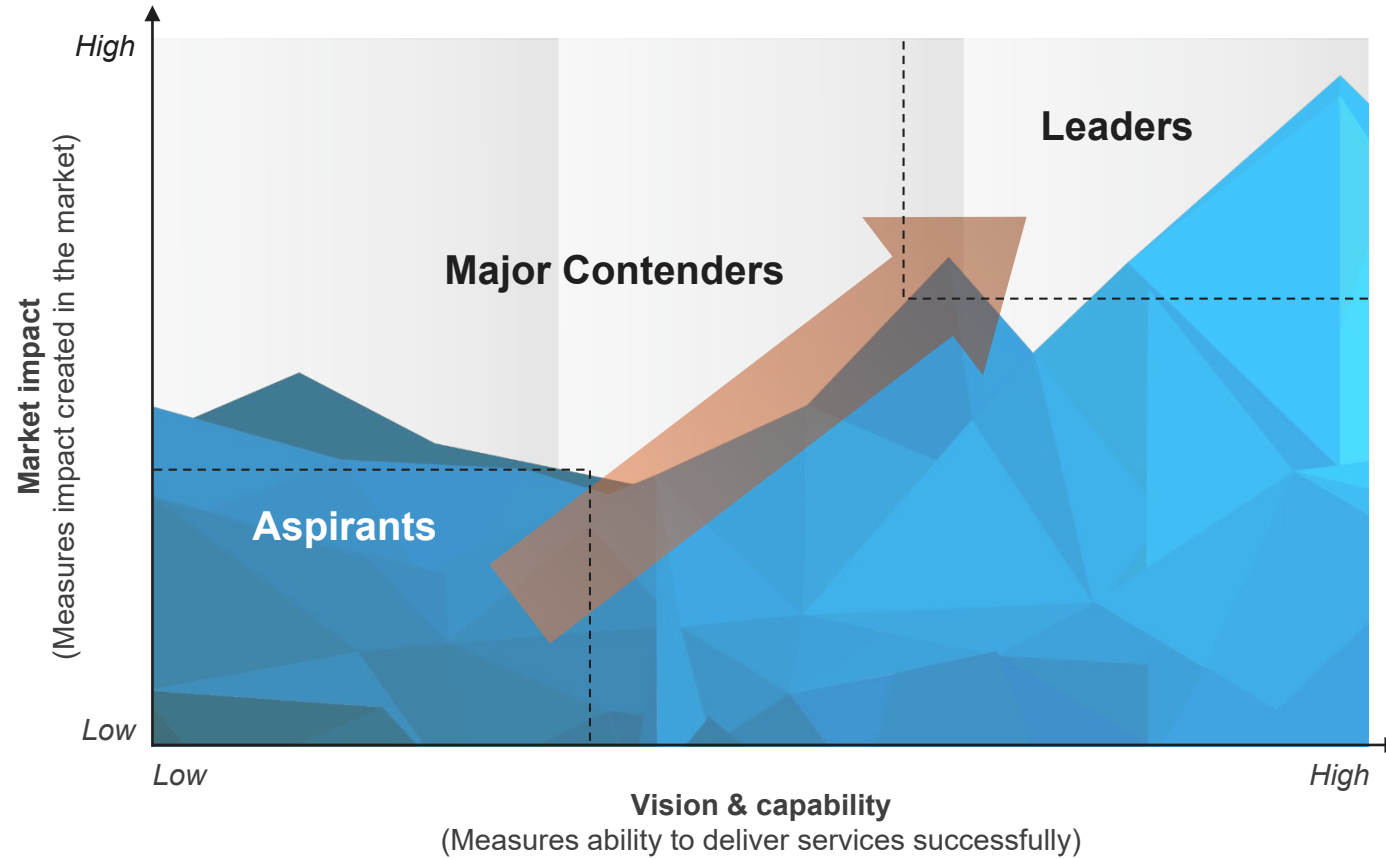
Limitations

- The changing business needs of healthcare payers are resulting in growth opportunities from an outsourcing perspective in new segments such as risk adjustment, HEDIS, STAR ratings support, and payvider operations support. Wipro's investments in these areas are currently limited
- Over the past few years, the healthcare industry has seen a push toward value-based care. Wipro's current share of care management operations is limited as compared to other major players in the industry
- Payment integrity and fraud detection and its management are areas of significant investment for health plans. Wipro's current focus on this segment is less as compared to its peers

Appendix

Everest Group PEAK Matrix® is a proprietary framework for assessment of market impact and vision & capability

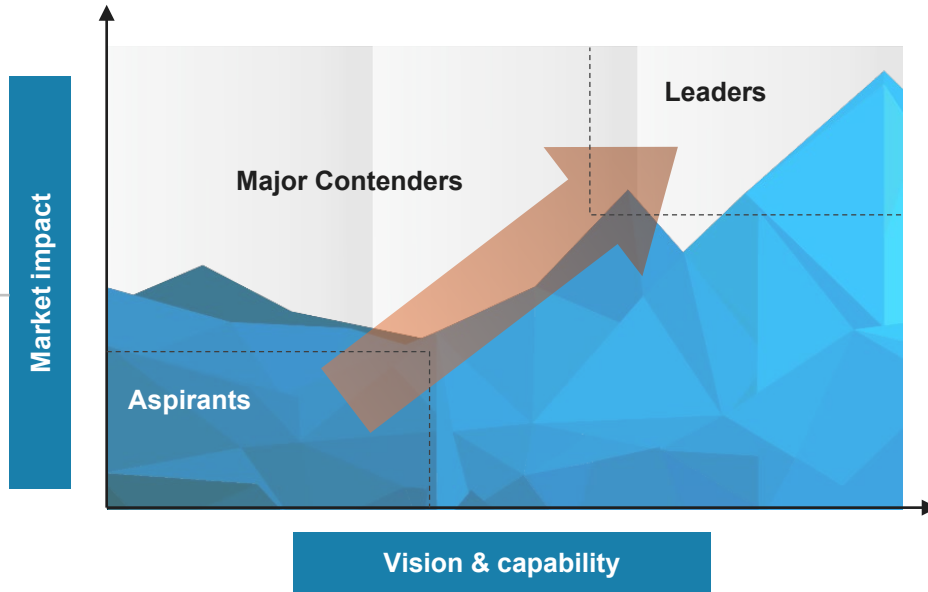
Everest Group PEAK Matrix



Services PEAK Matrix® evaluation dimensions

Measures impact created in the market – captured through three subdimensions

- Market adoption**
Number of clients, revenue base, YOY growth, and deal value/volume
- Portfolio mix**
Diversity of client/revenue base across geographies and type of engagements
- Value delivered**
Value delivered to the client based on customer feedback and transformational impact



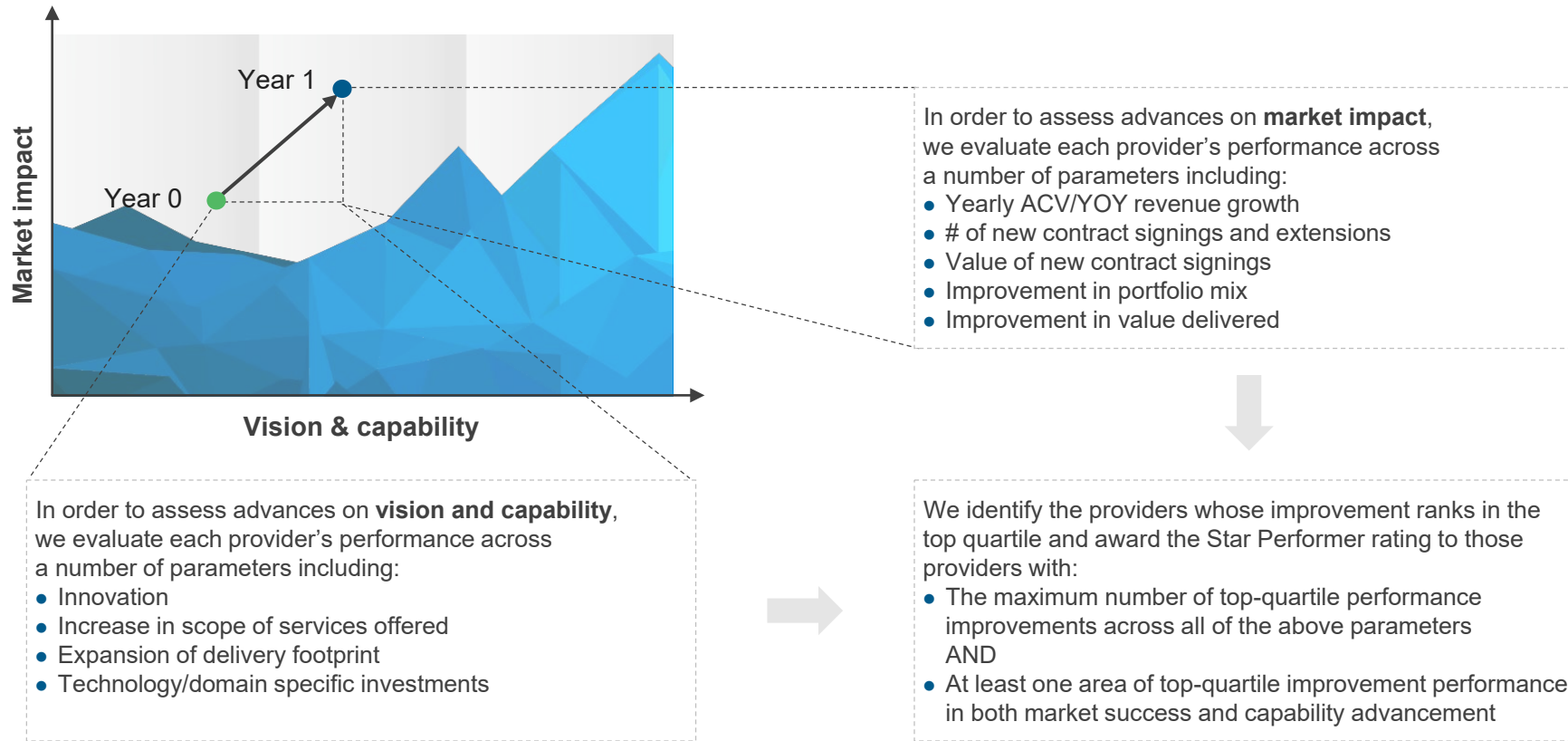
Measures ability to deliver services successfully. This is captured through four subdimensions

- Vision and strategy**
Vision for the client and itself; future roadmap and strategy
- Scope of services offered**
Depth and breadth of services portfolio across service subsegments/processes
- Innovation and investments**
Innovation and investment in the enabling areas, e.g., technology IP, industry/domain knowledge, innovative commercial constructs, alliances, M&A, etc.
- Delivery footprint**
Delivery footprint and global sourcing mix

Everest Group confers the Star Performers title on providers that demonstrate the most improvement over time on the PEAK Matrix®

Methodology

Everest Group selects Star Performers based on the relative YOY improvement on the PEAK Matrix



The Star Performers title relates to YOY performance for a given vendor and does not reflect the overall market leadership position, which is identified as Leader, Major Contender, or Aspirant.

FAQs

Does the PEAK Matrix® assessment incorporate any subjective criteria?

Everest Group's PEAK Matrix assessment adopts an unbiased and fact-based approach (leveraging provider / technology vendor RFIs and Everest Group's proprietary databases containing providers' deals and operational capability information). In addition, these results are validated / fine-tuned based on our market experience, buyer interaction, and provider/vendor briefings

Is being a “Major Contender” or “Aspirant” on the PEAK Matrix, an unfavorable outcome?

No. The PEAK Matrix highlights and positions only the best-in-class providers / technology vendors in a particular space. There are a number of providers from the broader universe that are assessed and do not make it to the PEAK Matrix at all. Therefore, being represented on the PEAK Matrix is itself a favorable recognition

What other aspects of PEAK Matrix assessment are relevant to buyers and providers besides the “PEAK Matrix position”?

A PEAK Matrix position is only one aspect of Everest Group's overall assessment. In addition to assigning a “Leader”, “Major Contender,” or “Aspirant” title, Everest Group highlights the distinctive capabilities and unique attributes of all the PEAK Matrix providers assessed in its report. The detailed metric-level assessment and associated commentary is helpful for buyers in selecting particular providers/vendors for their specific requirements. It also helps providers/vendors showcase their strengths in specific areas

What are the incentives for buyers and providers to participate/provide input to PEAK Matrix research?

- Participation incentives for buyers include a summary of key findings from the PEAK Matrix assessment
- Participation incentives for providers/vendors include adequate representation and recognition of their capabilities/success in the market place, and a copy of their own “profile” that is published by Everest Group as part of the “compendium of PEAK Matrix providers” profiles

What is the process for a provider / technology vendor to leverage their PEAK Matrix positioning and/or “Star Performer” status ?

- Providers/vendors can use their PEAK Matrix positioning or “Star Performer” rating in multiple ways including:
 - Issue a press release declaring their positioning. See [citation policies](#)
 - Customized PEAK Matrix profile for circulation (with clients, prospects, etc.)
 - Quotes from Everest Group analysts could be disseminated to the media
 - Leverage PEAK Matrix branding across communications (e-mail signatures, marketing brochures, credential packs, client presentations, etc.)
- The provider must obtain the requisite licensing and distribution rights for the above activities through an agreement with the designated POC at Everest Group.

Does the PEAK Matrix evaluation criteria change over a period of time?

PEAK Matrix assessments are designed to serve present and future needs of the enterprises. Given the dynamic nature of the global services market and rampant disruption, the assessment criteria are realigned as and when needed to reflect the current market reality as well as serve the future expectations of enterprises



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