Clinical and Care Management (CCM) BPS Services PEAK Matrix™ Assessment 2019

Focus on Cognizant

October 2019

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Introduction and scope

Everest Group recently released its report titled "[Clinical and Care Management (CCM) BPS Services PEAK Matrix™ Assessment 2019](#)", This report analyzes the changing dynamics of the CCM BPS landscape and assesses service providers across several key dimensions.

As a part of this report, Everest Group classified 16 service providers on the Everest Group PEAK Matrix™ for CCM BPS into Leaders, Major Contenders, and Aspirants. The PEAK Matrix is a framework that provides an objective, data-driven, and comparative assessment of CCM BPS providers based on their absolute market success and delivery capability.

Based on the analysis, **Cognizant emerged as a Leader.** This document focuses on **Cognizant's CCM BPS** experience and capabilities and includes:

- Cognizant's position on the CCM BPS PEAK Matrix
- Detailed CCM BPS profile of Cognizant

Buyers can use the PEAK Matrix to identify and evaluate different service providers. It helps them understand the service providers' relative strengths and gaps. However, it is also important to note that while the PEAK Matrix is a useful starting point, the results from the assessment may not be directly prescriptive for each buyer. Buyers will have to consider their unique situation and requirements, and match them against service provider capability for an ideal fit.

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Background and methodology of the research

Background of the research

Clinical and care management can be defined as a set of activities that either directly impact the health outcome of the population / individual (such as health risk assessment, case management, and medication adherence programs) or indirectly help healthcare organizations provide quality care at lower cost (such as CAHPS and STAR / HEDIS).

While clinical and care management as a segment has existed for a while now, its importance has increased exponentially post ACA. With the US already being the highest spender in the world on healthcare, ensuring care to reduce readmissions and claims denials is the need of the hour. Also, with ACA shifting the focus from volume-based care to value-based care, the healthcare stakeholders are taking proactive measures to ensure quality care at lower cost for members. This shift is supported by the seepage of consumerism in healthcare, motivating the customers or members to be more involved in their care lifecycle. All this is putting pressure on the payers as well as providers to make investments in clinical and care services and at the same time reduce their costs. With the stakeholders struggling to find the right talent, domain, and technology expertise in house, they are looking for the outsourcing route to help them in their journey.

Such a scenario presents BPS providers with a host of opportunities; however, third-party vendors need to enhance investments in building capabilities in areas such as consulting / design thinking, technology, and domain-led services to ensure they plug gaps where payers and providers lack in-house capabilities.

Scope and methodology

In this research, we analyze the global healthcare clinical and care management BPS provider landscape. We focus on:

- Relative positioning of 16 service providers on Everest Group's PEAK Matrix™ for clinical and care management BPS

- Analysis of service provider's market share

- Everest Group's analysis of service providers' strengths and areas of improvement

Everest Group PEAK Matrix™ for CCM BPS – summary

Everest Group classified 16 CCM 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 impact and overall vision and capability of service providers.

Leaders

Accenture, Cognizant, and EXL

Major Contenders

CareCentrix, Change Healthcare, Conduent, DXC Technology, eQHealth Solutions, HGS, Magellan Health, Shearwater Health, and WNS
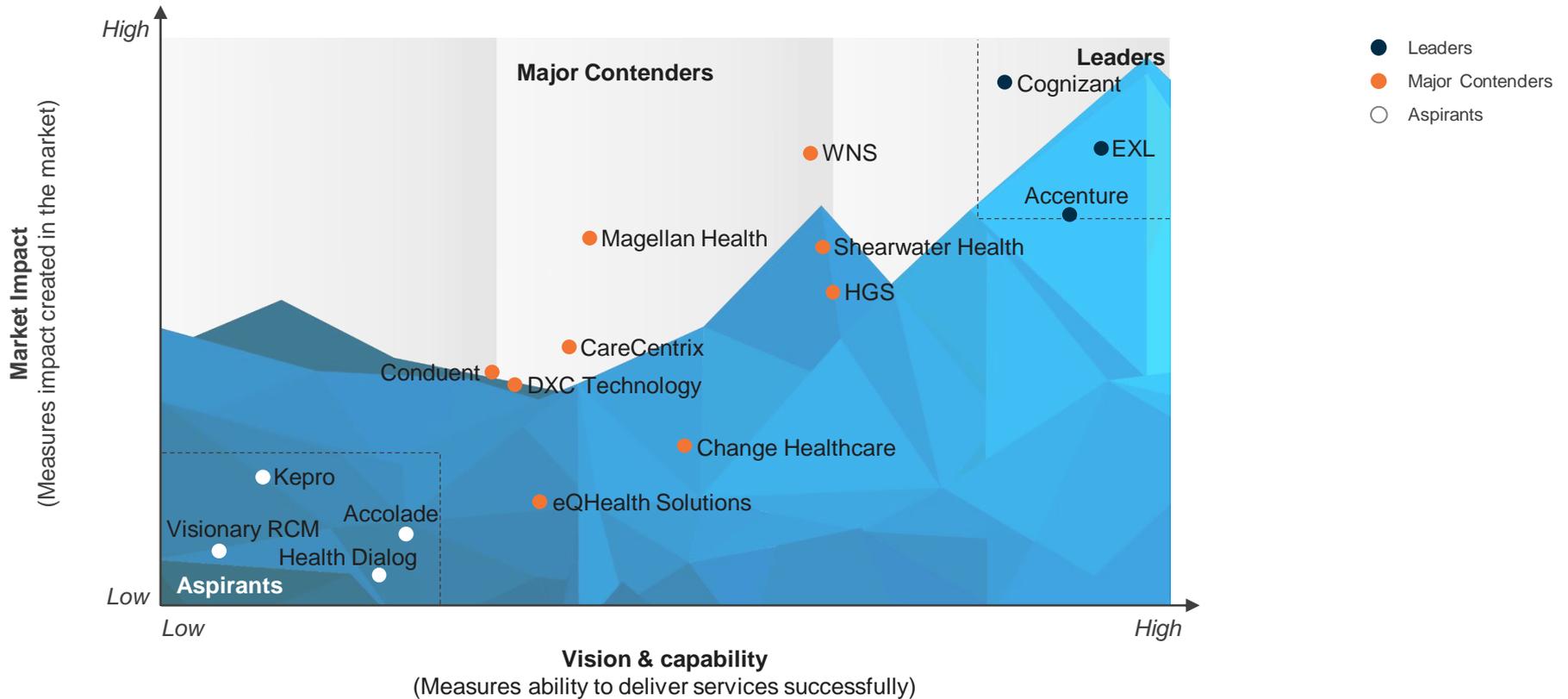
Aspirants

Accolade, Health Dialog, Kepro, and Visionary RCM

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Everest Group PEAK Matrix™

Clinical and Care Management (CCM) BPS Services PEAK Matrix™ Assessment 2019 | Cognizant positioned as Leader

Everest Group Clinical and Care Management (CCM) BPS Services PEAK Matrix™ Assessment 2019

Note 1   Service providers scored using Everest Group's proprietary scoring methodology

Note 2   Assessment for Accolade, CareCentrix, Change Healthcare, Conduent, eQHealth Solutions, Health Dialog, Kepro, Magellan Health, and Visionary RCM excludes service provider inputs on this particular study and is based on Everest Group's estimates that leverage Everest Group's proprietary Transaction Intelligence (TI) database, ongoing coverage of these service providers, their public disclosures, and interaction with buyers. For these companies, Everest Group's data for assessment may be less complete

Source: Everest Group (2019)

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Cognizant | CCM BPS profile (page 1 of 6)
Overview

Company profile: Cognizant is an IT, consulting, and BPS provider. The company operates its business through four segments including financial services, healthcare, manufacturing, and retail & logistics. The healthcare segment provides healthcare technologies and business services to support multiple client segments such as commercial, individual, HIX, Medicare, Medicaid, dental, vision, behavioral, and ACOs. It facilitates its clients with platform and product suite, along with the BPS and BPaaS delivery model, infrastructure services, IT services, and cloud and digital capabilities.

Key leaders
- Brian Humphries, Chief Executive Officer
- Karen McLoughlin, Chief Financial Officer
- Ganesh Ayyar, President, Digital Operations
- Harshad Narvenkar, Vice President, Healthcare Markets
- Venkatgiri Vandali, Vice President, Healthcare BPaaS
- Brent Barber, Vice President, Healthcare Digital Operations
- V R Krishnan, Vice President, Healthcare Digital Operations

Headquarters: New Jersey, the United States
Website: www.cognizant.com

Suite of services offered:
- Population health management
- Utilization management: prior authorization, concurrent review, and retrospective review
- Care coordination
- Risk and compliance - HEDIS, STAR, risk adjustment, and quality management

	2016	2017	2018
Revenue (US$ million)[1]	Not disclosed		
Number of FTEs[1]	1,600-1,700	2,000-2,100	2,300-2,400
Number of clients[1]	118+	135+	147+

Recent acquisitions and partnerships
- **2018:** Acquired Bolder Healthcare Solutions to leverage their capability in revenue cycle management services for enhancing capability in provider space
- **2017:** Acquisition of TMG Health to expand its business process-as-a-service solutions for government and public health programs
- **2016:** Acquired Idea Couture, a digital innovation, strategy, and design firm to develop solutions in the patient-centered design thinking space
- **2016**: Partnered with ReD Associates, a consulting firm specializing in the use of human sciences to help business leaders better understand customer behavior

Recent developments
- **2018:** Implemented warm care and digital-first services across clients involving initiatives such as designing, automation, analytics, and AI
- **2017:** Expanded their capabilities in clinical & care management and back-office processing
- **2017:** Launched cloud capabilities, IoT, TruProvider, design thinking, and bigdecisions
- **2016**: Launched BPaaS model for end-to-end payer services, supported by TriZetto technology, Healthcare Process Automation (HPA), HealthActivate, DBO, and SightPrism

1   Represents information for period ending December 31 of each year

Capabilities and key clients

Key clinical and care management BPS engagements			
Client name	**Processes served**	**Region**	**Client since**
One of the largest customer owned health insurance company	Population health management and utilization management	The United States	2016
One of the largest nonprofit health plans	Utilization management and care coordination	The United States	2015
One of the top five national health plan	Utilization management	The United States	2006

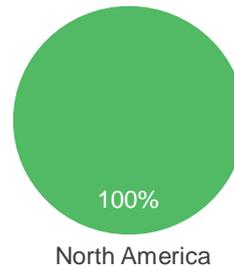**Clinical BPS FTE mix by segment**
Number of FTEs

100% = 2,300-2,400

- Population health management 21%
- Utilization management 36%
- Risk & compliance 22%
- Care coordination 21%
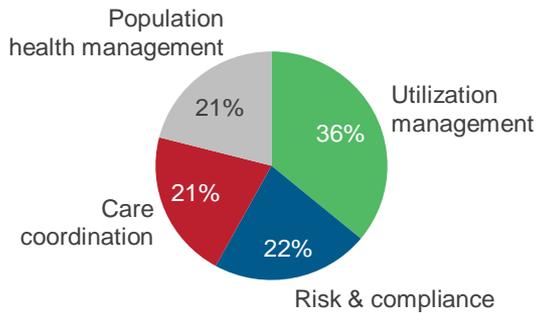
Clinical BPS revenue mix by geography
Revenue in US$ million

100% = Not disclosed

- North America 100%

Clinical BPS FTE split by delivery location
Number of FTEs

100% = 2,300-2,400

- Onshore 29%
- Offshore 71%
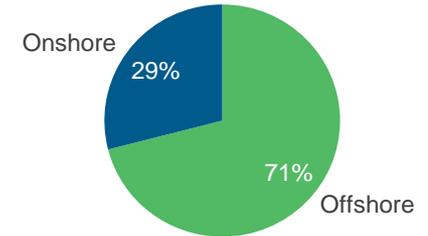
Note: Based on contractual and operational information till December 2018

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Technology solutions/tools

Solution name	Processes served	Year launched	Description	No. of BPS clients
Learning Evolutionary Algorithm Framework (LEAF)	Population health management, utilization management, care coordination, and risk & compliance	2018	It enables to test multiple algorithm and arrive at viable solutions to complex business problems. LEAF generates and compares candidate agents and a "fitness score" is assigned to each candidate based on how well it performs relative to its peers	Multiple
Smart QA	Utilization management	2018	It identifies the cases for audits that have higher risk involved	Multiple
Digital Operation Fabric (DOF)	Population health management, utilization management, care coordination, and risk & compliance	2018	It facilitates work inventory management, workflow, and tracking time on desktop applications and activities of agents and helps to manage the audit related functionalities.	Multiple
Smart allocation	Utilization management	2018	It highlights the cases with high risk for smart allocation based on complexity and risk to reduce errors and cost	Multiple
Disease onset prediction	Utilization management	2017	It identifies and arrange the members on the bases of disease risk involved	Multiple
Patient enrolment analytics in clinical programs	Care coordination	2017	It identifies members likely to enroll in Care Management / Disease Management (CM/DM) wellness programs to increase effectiveness	Multiple
Predictive analytics/AI: therapy adherence prediction	Care coordination	2017	It predicts the probability of risk involved of ending therapy for members	Multiple
Predictive analytics/AI: likelihood of ER visit	Population health management	2017	It helps identify members with highest probability of visiting Emergency Room (ER) with an ability to intervene and prevent utilization	Multiple
TriZetto Touchless Authorization Process (TTAP)	Utilization management	2017	It is an end-to-end, real-time, and prior authorization process to automate eligibility checks and identifies if referrals requires an immediate response	Multiple
ClaimSphere™ Q-Workbench	Risk and compliance	2017	It offers an extensive Measure Library as reference that includes 1000+ Clinical and Claim-based measures (NCQA, CMS Star, PQRS (MIPS), QHP, State of LA, CA-P4P, NY-QARR, AHRQ, PQRS, CHIPRA, PCMH, ACO and other state measures)	Multiple

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Solution name	Processes served	Year launched	Description	No. of BPS clients
Quality Analysis and Reporting Tool (QUART)	Population health management, utilization management, care coordination, and risk & compliance	2017	QUART facilitates client partnership through transparency of real-time quality performance results, enables better calibrations and audit-the-auditor capabilities, including coaching and feedback	Multiple
ClaimSphere Clinical+	Population health management, utilization management, and care coordination	2016	ClaimSphere Clinical+ is a point-of-care platform that enables health plans in timely acquisition of clinical data, closer monitoring of gaps in care improving efficiencies and eventually chart an evidence-based performance driven provider incentive program. It is a cloud based Software as a Service (SaaS) offering aligned to national and interoperability standards such as eCQM, QRDA and FHIR, promoting evidence-based clinical processes at all points of care	3+
ClaimSphere™ QIPA	Risk and compliance	2016	It uses advanced QI Predictive Analytical and Statistical Models to help identify members likelihood of measure compliance to close gaps in care, adhere to medications and respond positively to outreach programs. It also helps in micro-segmentation and prioritize member population for administrating focused interventions and planning national level campaigns.	Multiple
Health TranZform Suite: Engage TranZform, Network TranZform, Care TranZform, Insights TranZform	Care coordination	2016	TranZform is a SaaS based, multi-channel platform that enables collaboration and engagement around an individual's longitudinal health record. It has four practices: Engage TranZform™, Network TranZform™, Care TranZform™, and Insights TranZform™	Mulitple
StarSERV™- Medicare Star Analytics Solution	Risk and compliance	2015	StarSERV™ uses automation and analytics, along with Star & HEDIS system experts and data scientists, to enable Medicare plans and providers to proactively identify and improve the most impactful metrics affecting their Star ratings. StarSERV™ helps Plans achieve optimal Star ratings for competitive advantage in the Medicare market, helping to retain consumers and earn bonuses and rebates from CMS	3+
WellSERV	Care coordination, risk and compliance	2014	This modular suite of tools enables healthcare organizations to implement value-based models by integrating cost, health risk, utilization, quality and outcomes metrics	Multiple

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Everest Group assessment – Leader

Measure of capability: ● High ◕ Low

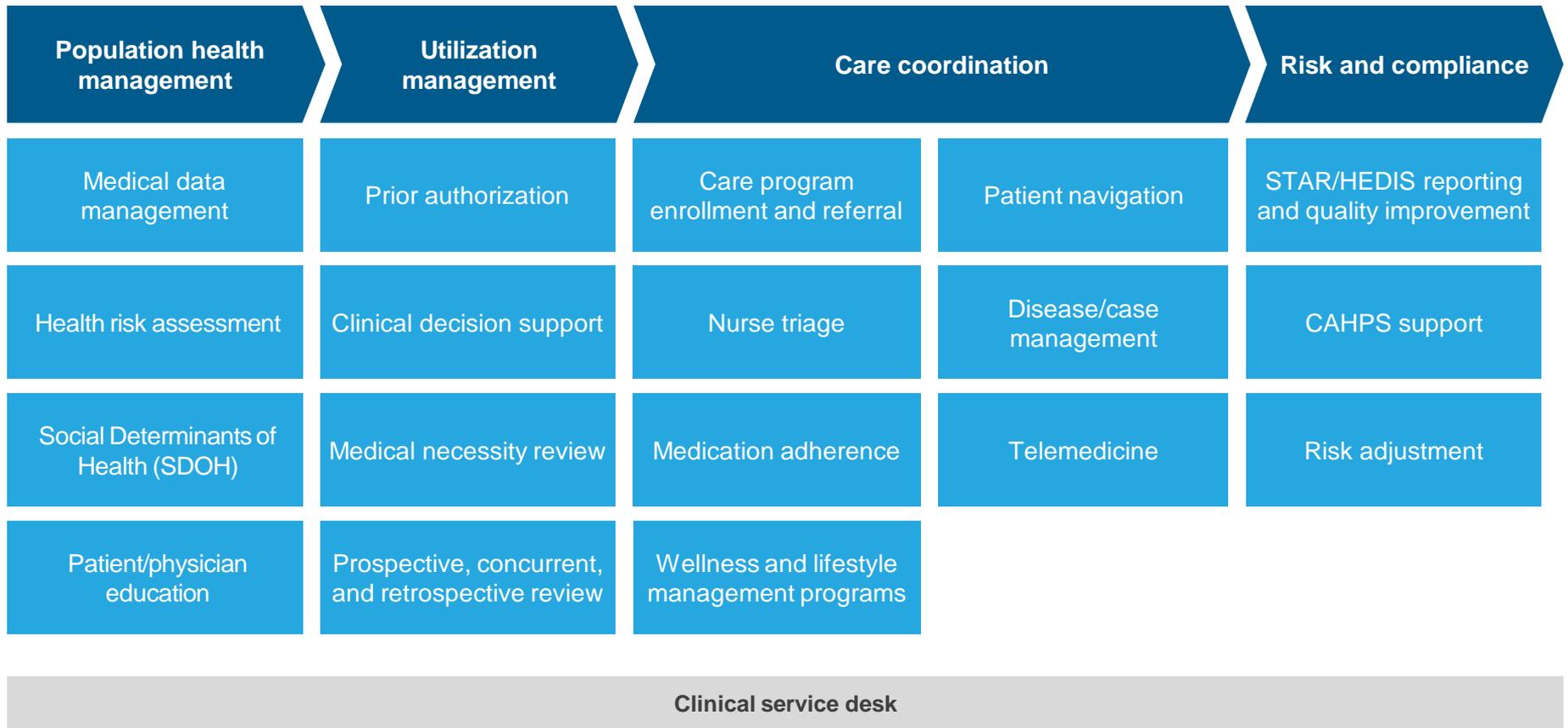| Market impact				Vision & capability				
Market adoption	Portfolio mix	Value delivered	Overall	Scope of services offered	Innovation and investments	Delivery footprint	Vision and strategy	Overall
◔	◕	◕	◕	◔	◑	◕	◕	◔

Strengths

- Cognizant is one of the few service providers that can serve/deliver processes across the spectrum of the CCM value chain ranging from population health to risk and compliance

- Cognizant has been able to productize its offerings through StarServ and ClaimSphere QaaS, in areas such as risk adjustment and Star support, which have a high potential of growth and limited organized competition

- Cognizant is one of the few players utilizing its design thinking capabilities through a consultative/advisory approach, which is evident from its "warm care" model of care

- Buyers appreciated Cognizant's operational diligence and professionalism in delivering services

Areas of improvement

- One of the drivers of clinical and care management outsourcing is the shortage of registered nurses in the United States. Although Cognizant has a large bench strength of clinical staff, its share of registered nurses is much lower when compared to some of its peers

- Multiple payers are dissatisfied with the assertiveness of nurses, which is most likely driven by the cultural difference between the nurses from the Philippines and the United States. Cognizant needs to improve upon the behavioral training it imparts to its nurses, as this is not an issue that is prevalent across other service providers

- Since they have made a foray into the provider space with the Bolder acquisition, adding provider clients to their CCM portfolio should be one of the priority items, especially considering the high focus of the provider segment on patient care services and limited availability of these solutions from traditional vendors in this space

Appendix

Everest Group's view of the CCM BPS value chain

Population health management	Utilization management	Care coordination		Risk and compliance
Medical data management	Prior authorization	Care program enrollment and referral	Patient navigation	STAR/HEDIS reporting and quality improvement
Health risk assessment	Clinical decision support	Nurse triage	Disease/case management	CAHPS support
Social Determinants of Health (SDOH)	Medical necessity review	Medication adherence	Telemedicine	Risk adjustment
Patient/physician education	Prospective, concurrent, and retrospective review	Wellness and lifestyle management programs		

Clinical service desk

Note: This report covers vertical-specific BPO within the healthcare payer space. It does not include coverage of horizontal business processes such as F&A, HR, procurement, and contact centers

Everest Group PEAK Matrix™ is a proprietary framework for assessment of market impact and vision & capability
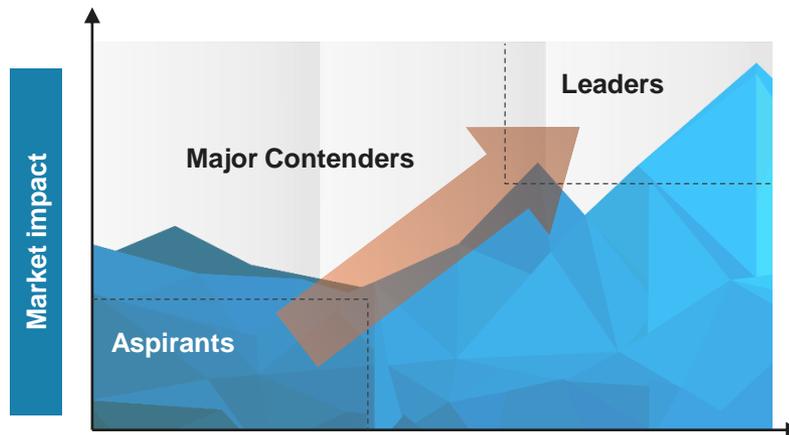
Everest Group PEAK Matrix
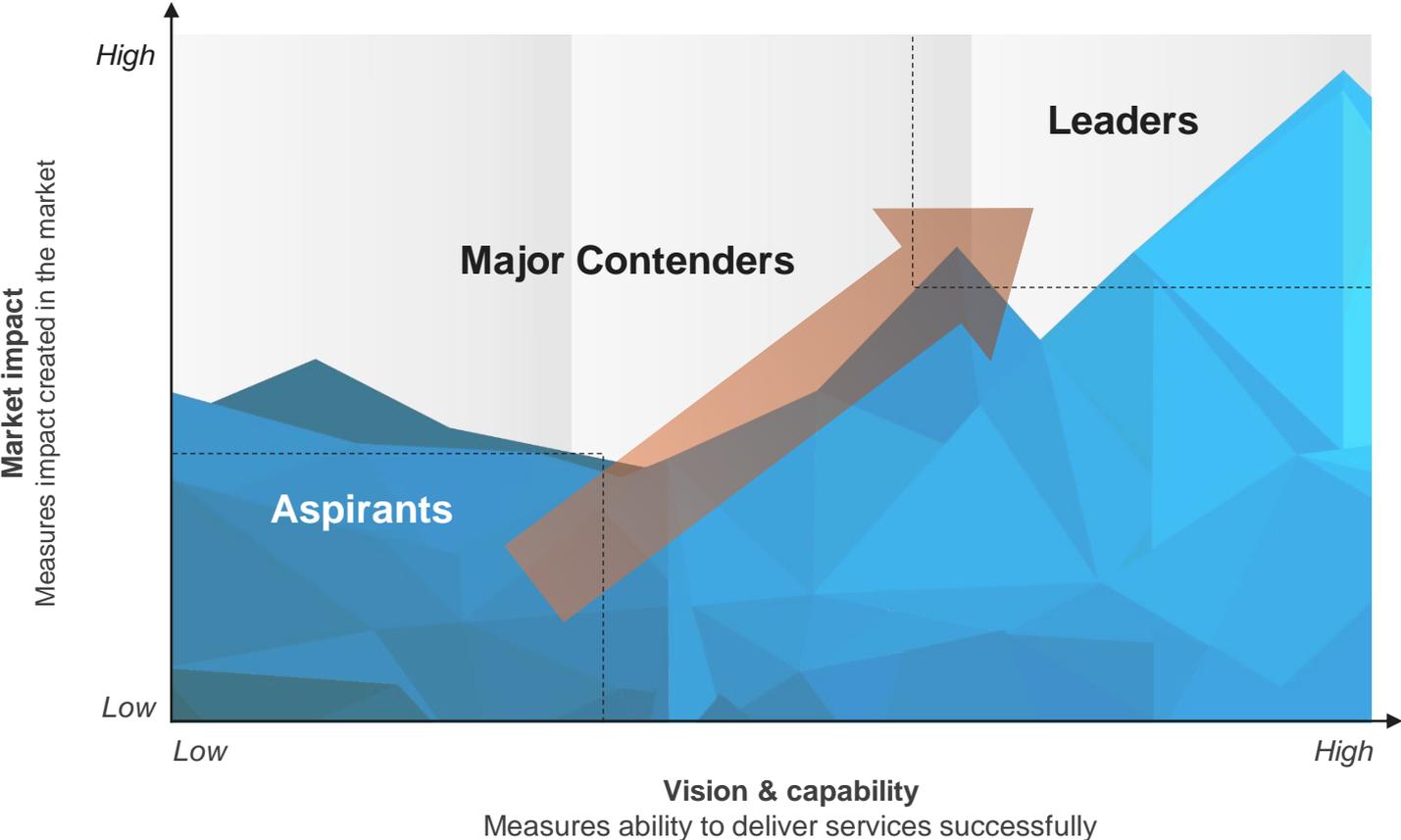
Services PEAK Matrix™ evaluation dimensions

Measures impact created in the market – captured through three subdimensions

Market adoption
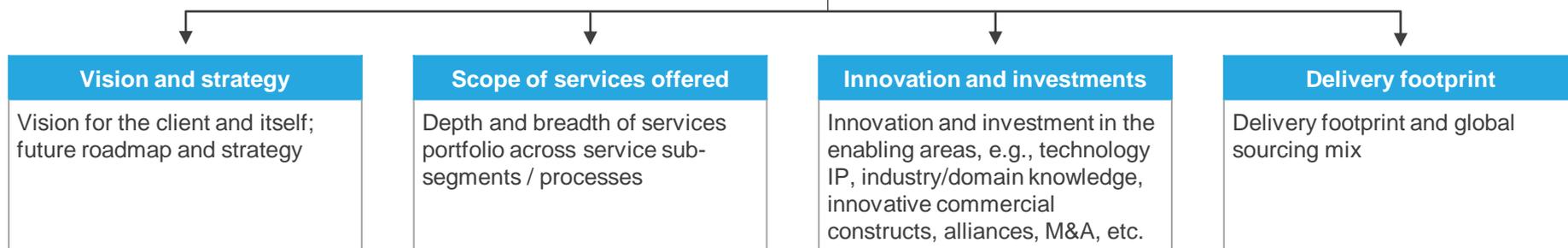No. of clients, revenue base, and YOY growth, deal value/volume

Portfolio mix
Diversity of client/revenue base across geos and type of engagements

Value delivered
Value delivered to the client based on customer feedback and transformational impact

Market impact

Leaders

Major Contenders

Aspirants

Vision & capability
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 sub-segments / 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

FAQs

Does the PEAK Matrix™ assessment incorporate any subjective criteria?
Everest Group's PEAK Matrix assessment adopts an unbiased and fact-based approach (leveraging service 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 service 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 service 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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About Everest Group

Everest Group is a consulting and research firm focused on strategic IT, business services, and sourcing. We are trusted advisors to senior executives of leading enterprises, providers, and investors. Our firm helps clients improve operational and financial performance through a hands-on process that supports them in making well-informed decisions that deliver high-impact results and achieve sustained value. Our insight and guidance empower clients to improve organizational efficiency, effectiveness, agility, and responsiveness. What sets Everest Group apart is the integration of deep sourcing knowledge, problem-solving skills and original research. Details and in-depth content are available at www.everestgrp.com.

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