

NEAT EVALUATION FOR SAGILITY:

# Healthcare Payer Agility & Innovation

Market Segment: Quality, Risk & Performance Management

## Introduction

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This is a custom report for Sagility presenting the findings of the 2026 NEAT vendor evaluation for *Healthcare Payer Agility & Innovation* in the *Quality, Risk & Performance Management* market segment. It contains the NEAT chart of vendor performance, a summary vendor analysis of Sagility for healthcare payer services, and the latest market analysis summary.

This NelsonHall Vendor Evaluation & Assessment Tool (NEAT) analyzes the performance of vendors offering healthcare payer services. The NEAT tool allows strategic sourcing managers to assess the capability of vendors across a range of criteria and business situations and identify the best performing vendors overall, and with specific capability in member services & engagement, claims management & administration, quality, risk & performance management, and platform-enabled operations & integrations support.

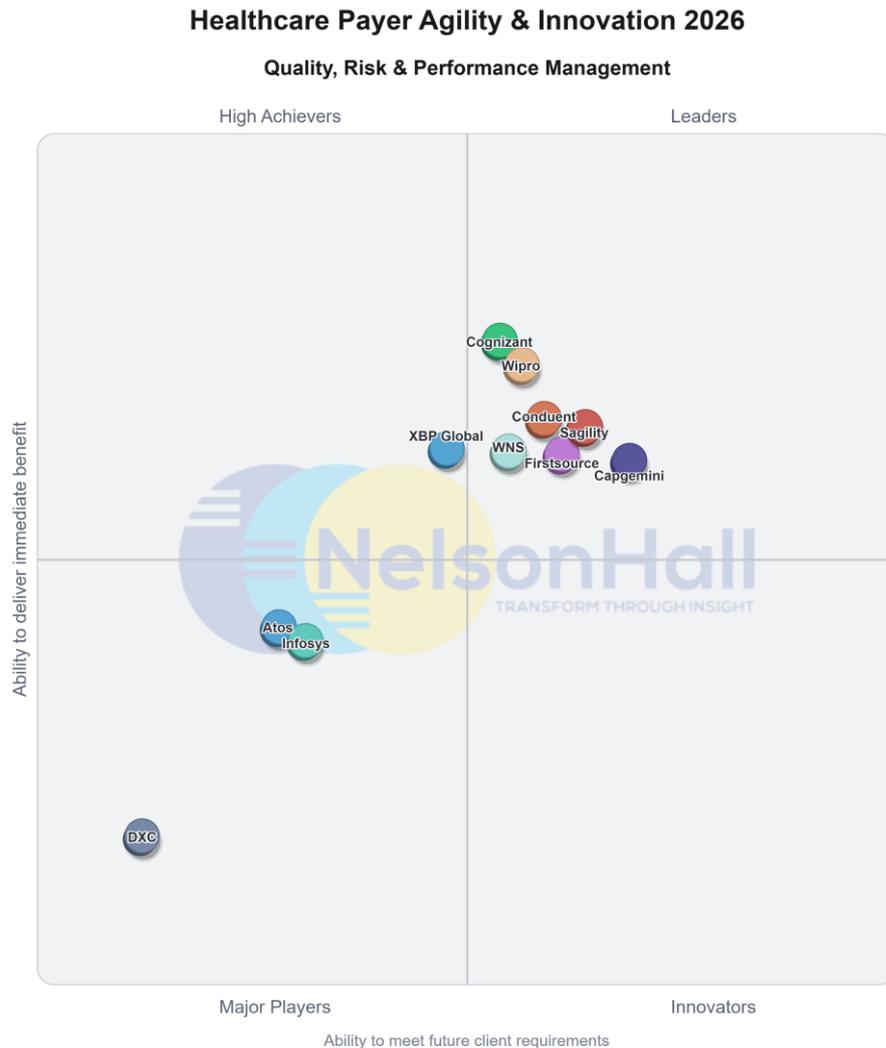
Evaluating vendors on both their 'ability to deliver immediate benefit' and their 'ability to meet client future requirements', vendors are identified in one of four categories: Leaders, High Achievers, Innovators, and Major Players.

Vendors evaluated for this NEAT are: Atos, Capgemini, Cognizant, Conduent, DXC, Firstsource, Infosys, Sagility, Wipro, WNS, and XBP Global.

Further explanation of the NEAT methodology is included at the end of the report.



## NEAT Evaluation: Quality, Risk & Performance Management



NelsonHall has identified Sagility as a Leader in the *Quality, Risk & Performance Management* market segment, as shown in the NEAT chart. This market segment reflects Sagility’s ability to meet future client requirements as well as delivering immediate benefits to its healthcare payer clients with specific capability in quality, risk and performance management services.

Leaders are vendors that exhibit both a high capability relative to their peers to deliver immediate benefit and a high capability relative to their peers to meet future client requirements.

Buy-side organizations can access the *Healthcare Payer Agility & Innovation* NEAT tool [here](#).



## Vendor Analysis Summary for Sagility

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### Overview

Sagility is a global healthcare-focused business process management company headquartered in Westminster, CO, U.S., with ~40k employees globally. It offers end-to-end services to support private and public sector healthcare payers, including:

- Claims management and administration (e.g., COB checks and outreach to improve claim accuracy early)
- Member services and engagement (e.g., unified platform preventing duplicate records and silos)
- Provider management/administration and network management (e.g., AI/NLP enablement to keep provider data clean and synced)
- Quality, risk, and performance management (e.g., AI to extract diagnoses to improve risk scores)
- Platform-enabled operations and integrations support (e.g., EDI routing to reduce errors and delays).

Sagility's healthcare payer clients by type, with approximate proportions of the total client base, are:

- National payers (private sector): between 65% and 70%
- Regional payers (private sector): between 25% and 30%
- Public sector payers: between 5% and 10%.

In its current roadmap, Sagility intends to enhance its service offerings by:

- Modernizing platforms with modular tools across claims, care management, network operations, and member engagement, supported by built-in analytics and workflow systems
- Expanding use of GenAI/AI and automation, including claim checks before adjudication, root cause detection, real-time content creation and sentiment analysis for engagement and predictive analytics for care and compliance
- Moving away from FTE-based pricing and towards PMPM, transaction-based, contingency, and gain-share models to reflect client outcomes
- Working with clients and partners to co-create pilots, test environments, and feedback cycles to design and refine new operating models.

### Financials

NelsonHall estimates Sagility's global revenue to be between ~\$600m and ~\$650m, and healthcare payer BPS revenue to be between ~\$520m and ~\$525m, with a forecast growth of ~14% y/y.



## Strengths

- BPaaS framework across claims, provider, and member services gives payers flexibility to scale while improving outcomes
- A strong U.S. and LATAM base in member services support and nearshore responsiveness, while APAC provides scale at lower cost
- The acquisition of BroadPath expands Sagility's mid-market presence with new clients.

## Challenges

- Heavy reliance currently on FTE-based pricing despite value-based positioning; accelerating outcome-linked models will better align with Sagility's strategy
- Public-sector penetration remains limited. Building unique case studies, showcasing flexibility, and outcomes achieved will be critical to gain additional logos
- BPaaS-led engagements are increasingly crowded. A focus and emphasis on unique differentiators will help set it apart from its peers.

## Strategic Direction

NelsonHall estimates Sagility invests between ~1% and ~5% of its overall revenue in R&D for the healthcare payer vertical. Sagility plans to focus its R&D investments on three key priorities: agentic AI for member and provider interactions, integrated automation platforms for claims and quality, and interoperability and data modernization.

Agentic AI initiatives include autonomous handling of tasks such as benefits explanation, claims status inquiries, credentialing, and supporting personalized, omnichannel engagement across voice, chat, and self-service portals. Integrated automation platforms combine RPA, ML, and GenAI to digitize intake, support adjudication, and accelerate STAR and HEDIS readiness through AI-generated summaries and compliance flags. Interoperability efforts emphasize FHIR-native APIs, cloud-based data lakes, and low latency pipelines to enhance regulatory reporting, risk adjustment analytics, and population health management.

At a functional level, Sagility's roadmap reflects strategic enhancements across service lines. In claims management, it aims to lead the shift to intelligent, rules-driven ecosystems with pre-pay analytics and FWA detection built into AI and GenAI models. Member services are being modernized with behavioral analytics, and sentiment AI will improve member satisfaction and retention. GenAI-led communication will allow proactive outreach at scale and will span member onboarding, education, and wellness campaigns.

For provider credentialing, Sagility is investing in automation of credentialing, contract configuration, and directory validation enhancement. The company is utilizing AI and NLP to streamline data ingestion and leverage predictive analytics to help payers with managing leakage and access adequacy. For quality, risk, and performance management, Sagility is investing compliance dashboards and AI-driven pattern detection to support real-time audit, and regulatory tracking while managing risk and adherence to CMS, NCQA, and state-level mandates. For platform-enabled operations, Sagility is focused on enabling payers with modular product configuration and AI-based workflow automation to reduce manual build and test cycles and accelerate new benefit launches and market demand/benefit alignment.

Sagility is planning three major strategic initiatives for its global payer BPS delivery. The first is its ambitious goal to shift towards value-based, outcome-aligned commercial models such as



PMPM, transaction, contingency, and gain-share contracts, particularly in claims, payment integrity, and utilization management. The second is its expansion of modular BPaaS solutions across claims, care management, provider operations, and member engagement, enabling consolidation and governance across functions. And the third is its AI-first transformation strategy across clinical and operational workflows, including adjudication, prior authorization, call summarization, and denial prevention.

To further penetrate mid-market payer segment, Sagility completed the strategic acquisition of BroadPath Healthcare Solutions in January 2025. BroadPath expands Sagility's capabilities across member engagement, member acquisition, claims administration, and provider enrollment/credentialing. The acquisition also provides access to ~30 new payer clients in the mid-market, giving Sagility a headstart in scaling BPaaS solutions for this segment. This acquisition reinforces its strategy of expanding beyond national plans and of deepening its presence across diverse payer markets.

## Outlook

Sagility is continuing to scale its BPaaS offerings across the payer value chain. Its strategic acquisition of BroadPath reinforces its mid-market reach. To maximize this, Sagility will need to carve out a niche where it can establish clear differentiation.

The company is evolving by embedding automation and agentic AI into intake, compliance, and service workflows, attempting to move beyond staff-based models. Its growing focus on interoperability and platform enablement reflects payer demand for integrated ecosystems and demonstratable ROI.

To future-proof its offerings, Sagility must accelerate its transition away from FTE-based pricing, expand its presence in public sector programs (e.g., smaller MA plans), and provide proof-points that link its BPaaS and AI investments to outcomes that show payers a clear return by way of efficiency, experience, and performance.



# Healthcare Payer Agility & Innovation

## Market Summary

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### Overview

Health plans are increasingly prioritizing the modernization of legacy platforms and highly manual workflows as a foundation for improving claims accuracy, meeting evolving regulatory requirements, and enabling greater operational scalability. These efforts are less about wholesale system replacement and more focused on stabilizing core platforms, reducing technical debt, and creating a more resilient operating environment that can support future automation and analytics initiatives.

In parallel, BPS vendors are embedding automation and analytics across claims, member, and provider-facing functions to reduce rework, shorten turnaround times, and improve audit accuracy. This includes the use of rules-based automation, workflow tools, and analytics layers that sit on top of existing systems to improve process consistency and operational transparency without disrupting core adjudication or servicing platforms.

GenAI adoption remains largely tactical rather than transformational at this stage. Health plans and BPS vendors are applying GenAI to targeted use cases such as call summarization, claim classification, documentation support, and prior authorization triage. These deployments are delivering early efficiency gains and measurable cost savings, but are typically implemented in controlled, narrow scopes to mitigate risk and ensure regulatory compliance.

Provider data management, credentialing, and payment integrity remain dominant areas of focus for transformation. Automation is being applied to improve data accuracy, streamline credentialing workflows, and reduce overpayment exposure through more consistent identification of billing errors, duplicate claims, and contract compliance issues.

To balance compliance requirements with cost efficiency and speed of execution, hybrid delivery models combining onshore, nearshore, and offshore resources continue to expand. These models allow health plans to retain regulatory-sensitive activities onshore, while leveraging global delivery for scale, flexibility, and cost optimization during transitions and steady-state operations.

Outcome-based engagement metrics are increasingly embedded in contract performance frameworks. Measures such as adjudication rates, appeal reduction, and member experience indicators, including NPS and CSAT, are increasingly used to align vendor incentives with business outcomes rather than solely using input-based metrics such as FTEs or volume/transaction-based commercial models.

Lastly, BPS vendors are increasingly coupling IT and BPS delivery within integrated platform-led frameworks. This approach is intended to strengthen accountability, improve cross-functional visibility, and accelerate deployment cycles by reducing handoffs between technology and operations teams and enabling more coordinated transformation execution.

### Market Size & Growth

The U.S. healthcare payer market in 2025 was worth ~\$9.5bn and is projected to reach ~\$12.0bn in 2028, with a CAAGR of ~7.8%. The CAAGR reflects current economic conditions, outcome-based commercial model pressures, and long-term outsourcing strategy commitments.



## Buy-Side Dynamics

NelsonHall's research identifies seven distinct healthcare payer expectations that define what buy-side organizations look for in high-performing BPS partners. When assessed through a business value versus delivery complexity lens, these expectations cluster into four distinct investment profiles: quick wins, strategic investments, foundations, and growth multipliers, reflecting how payers sequence near-term gains against long-term transformation.

### Quick Wins (High Business Value, Low Complexity)

Buy-side organizations prioritize capabilities that deliver clear, quantifiable outcomes with relatively low implementation risk:

- Proven ROI – demonstrable financial outcomes, including cost reduction, accuracy improvements, and transparent performance reporting within defined timeframes
- AI and automation capabilities – embedded automation and analytics across claims, members, and provider functions to reduce manual effort, improve turnaround times, and enhance audit accuracy.

### Strategic Investments (High Business Value, High Complexity)

These expectations are viewed as critical to long-term competitiveness but require deeper operational, technology, and change management effort:

- Value-based pricing – outcome-linked commercial models that align vendor incentives with performance, requiring mature measurement frameworks and stronger governance
- Ease of integration – Seamless API connectivity, system interoperability, and low-friction data exchange across complex payer technology landscapes.

### Foundations (Low/Medium Business Value, Low Complexity)

- Domain expertise – Deep payer operations knowledge, regulatory and compliance experience, and understanding of clinical and care-path workflows
- Flexibility across segments – Ability to support multiple lines of business and adapt delivery models as payer portfolios evolve.

### Growth Multipliers (Low/Medium Business Value, High Complexity)

This capability becomes increasingly important as payer scale and complexity increase. This includes the capacity to rapidly support volume fluctuations, expand across lines of business, and maintain service quality during periods of growth or transition.

Taken together, this framework illustrates how buy-side organizations prioritize investments that deliver immediate ROI while building the structural capabilities required for sustainable scale. The emphasis is increasingly on outcome-driven, platform-enabled partnerships that balance speed of value realizations with operational resilience.



## Challenges & Success Factors

Healthcare payer BPS vendors operate in a market where delivery execution is strong, but modernization progress remains uneven.

Challenges include:

- ROI remains difficult to evidence. Measurement approaches vary, and many AI and GenAI capabilities are still deployed in pilot or limited scope phases, making value hard to quantify. As a result, buy-side organizations are cautious about early adoption while remaining sensitive to the risk of falling behind once impact is proven
- Automation lacks cohesion. While widely deployed, automation is often implemented as discrete point solutions rather than embedded end-to-end across payer workflows, increasing exceptions and limiting cumulative benefit
- Outcome-based pricing remains difficult to operationalize. Vendors are cautious due to attribution and delivery risk, while buy-side organizations continue to push for risk-sharing to improve ROI visibility and accountability.

Success factors include:

- Depth over breadth in automation and AI, embedding automation across workflows and linking capabilities to measurable performance improvement rather than isolated pilots
- Outcome-aligned engagement models. Success is supported by selective risk-sharing and clearer governance, where value attribution is feasible
- Platform-led scalability. Cloud-native, modular delivery models enable faster deployment, and the ability to adapt to payer-changing environments and scale.

## Outlook

Looking ahead, the healthcare payer BPS market will be shaped by vendors' ability to translate AI, automation, and platform investments into measurable, repeatable outcomes, rather than incremental efficiency gains. Buy-side organizations will increasingly prioritize partners that can clearly demonstrate impact across cost optimization, operational accuracy, and member experience, while maintaining compliance and delivery stability.

AI and GenAI adoption will continue to expand, but at a measured pace. Buyers will remain selective and are expected to adopt a "wait-and-see" posture, as a significant share of AI-led capabilities remain in pilot or limited-scale deployments, making ROI difficult to quantify. Buyers will be reluctant to be early adopters who absorb execution risk, while remaining sensitive to the risk of lagging behind once value becomes proven. As a result, demand will focus on explainable, scalable use cases with clear performance attributes before broader adoptions occur.

Future market leaders will be those who align commercial accountability with execution discipline. As the healthcare payer BPS market grows, vendors that can consistently convert innovation into contract-level outcomes without increasing delivery risk or complexity will be in the best position to capture a growing share in the U.S. healthcare payer market.



## NEAT Methodology for Healthcare Payer Agility & Innovation

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NelsonHall's (vendor) Evaluation & Assessment Tool (NEAT) is a method by which strategic sourcing managers can evaluate outsourcing vendors and is part of NelsonHall's *Speed-to-Source* initiative. The NEAT tool sits at the front-end of the vendor screening process and consists of a two-axis model: assessing vendors against their 'ability to deliver immediate benefit' to buy-side organizations and their 'ability to meet future client requirements'. The latter axis is a pragmatic assessment of the vendor's ability to take clients on an innovation journey over the lifetime of their next contract.

The 'ability to deliver immediate benefit' assessment is based on the criteria shown in Exhibit 1, typically reflecting the current maturity of the vendor's offerings, delivery capability, benefits achievement on behalf of clients, and customer presence.

The 'ability to meet future client requirements' assessment is based on the criteria shown in Exhibit 2, and provides a measure of the extent to which the supplier is well-positioned to support the customer journey over the life of a contract. This includes criteria such as the level of partnership established with clients, the mechanisms in place to drive innovation, the level of investment in the service, and the financial stability of the vendor.

The vendors covered in NelsonHall NEAT projects are typically the leaders in their fields. However, within this context, the categorization of vendors within NelsonHall NEAT projects is as follows:

- **Leaders:** vendors that exhibit both a high capability relative to their peers to deliver immediate benefit and a high capability relative to their peers to meet future client requirements
- **High Achievers:** vendors that exhibit a high capability relative to their peers to deliver immediate benefit but have scope to enhance their ability to meet future client requirements
- **Innovators:** vendors that exhibit a high capability relative to their peers to meet future client requirements but have scope to enhance their ability to deliver immediate benefit
- **Major Players:** other significant vendors for this service type.

The scoring of the vendors is based on a combination of analyst assessment, principally around measurements of the ability to deliver immediate benefit; and feedback from interviewing of vendor clients, principally in support of measurements of levels of partnership and ability to meet future client requirements.

Note that, to ensure maximum value to buy-side users (typically strategic sourcing managers), vendor participation in NelsonHall NEAT evaluations is free of charge and all key vendors are invited to participate at the outset of the project.



Exhibit 1

**‘Ability to deliver immediate benefit’: Assessment criteria**

Assessment Category	Assessment Criteria
Offerings	<ul style="list-style-type: none"> <li>Claims Management and Administration</li> <li>Member Services and Engagement</li> <li>Provider Management/Administration and Network Management</li> <li>Quality, Risk, and Performance Management</li> <li>Platform-Enabled Operations and Integrations Support</li> </ul>
Delivery	<ul style="list-style-type: none"> <li>Global Delivery Scale &amp; Resource Capacity</li> <li>Delivery Alignment with National Payers</li> <li>Delivery Alignment with Regional Payers</li> <li>Delivery Alignment with Public Sector</li> <li>Demonstrated Delivery Impact (Case-Backed)</li> </ul>
Market Presence	<ul style="list-style-type: none"> <li>Presence in National Payer Market (Commercial)</li> <li>Presence in Regional Payer Market (Commercial)</li> <li>Presence in Public Sector Market</li> </ul>
Benefits Achieved	<ul style="list-style-type: none"> <li>Operational Efficiency &amp; Cost Reduction</li> <li>Claims Accuracy &amp; Speed</li> <li>Service Quality &amp; Accessibility</li> <li>Strategic Engagement &amp; Loyalty</li> <li>Network Management &amp; Efficiency</li> <li>Provider Experience &amp; Financial Health</li> <li>Quality &amp; Compliance Outcomes</li> <li>Risk Mitigation &amp; Preparedness</li> <li>IT/Administrative Overhead Reduction</li> <li>System Reliability &amp; Data Integrity</li> </ul>



Exhibit 2

**‘Ability to meet client future requirements’: Assessment criteria**

Assessment Category	Assessment Criteria
Future Offerings	<ul style="list-style-type: none"> <li>Future-State Claims Management</li> <li>Future-State Member Engagement</li> <li>Future-State Provider &amp; Network Support</li> <li>Future-State Quality, Risk, &amp; Performance</li> <li>Future-State Platform &amp; Integration Capabilities</li> </ul>
Strategy and Innovation	<ul style="list-style-type: none"> <li>Viability of Future Innovation Roadmap</li> <li>Use of Emerging Technology</li> <li>Proprietary IP Strategy &amp; Enhancements</li> </ul>
Operational Agility	<ul style="list-style-type: none"> <li>Client-Validated Responsiveness</li> <li>Demonstrated Organizational Adaptability</li> <li>Platform &amp; Delivery Flexibility (Demo-Backed)</li> <li>Operational Fit – National Payers</li> <li>Operational Fit – Regional Payers</li> <li>Operational Fit – Public Sector Payers</li> </ul>

For more information on other NelsonHall NEAT evaluations, please contact the NelsonHall relationship manager listed below.



**Sales Inquiries**

NelsonHall will be pleased to discuss how we can bring benefit to your organization. You can contact us via the following relationship manager:  
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