Future-proofing
Payer Operations:

A Framework for Intelligent Operations in the Era of Disruption.

Foreword

Healthcare payer organizations are entering a defining moment amid mounting and complex challenges: rising medical costs, intensifying regulatory scrutiny, workforce shortages, growing consumer expectations, and accelerating AI adoption. As these pressures reshape healthcare operations, many organizations continue to struggle with fragmented workflows, siloed data environments, and legacy systems that limit agility, visibility, and enterprise-wide coordination. A widening gap thus persists between today's operational reality and the intelligent, connected operating model the future will require.

Having observed the demands affecting payers firsthand, Sagility is proud to present this Everest Group study, *Future-proofing Payer Operations*, which captures perspectives from 50 senior healthcare payer leaders on how organizations are preparing for the transition to intelligent operations.

Much like cloud transformation reshaped enterprise IT from a support function into a strategic enabler of business agility, healthcare payer leaders are now being called upon to rethink operations beyond incremental modernization. The opportunity is no longer simply about digitizing tasks or deploying isolated AI tools. It is about building intelligent operations that combine domain expertise, AI-enabled workflows, interoperable technology, and real-time decision intelligence to improve outcomes across the payer value chain. Future-ready payer enterprises will require operating models that are adaptive, integrated, and capable of balancing automation with human judgment at scale.

The findings in this report reinforce an important reality: future-ready payer organizations will be defined not simply by their adoption of AI, but by how effectively they integrate intelligence, operational coordination, and human judgment across the enterprise. We believe the insights and recommendations presented in this playbook will help healthcare payers navigate disruption, modernize operations, and build more adaptive, resilient, and member-centric operating models for the future.

Sincerely,

Ramesh Gopalan
Group CEO and Managing Director at Sagility

Everest Group®

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Future-proofing Payer Operations: a Framework for Intelligent Operations in the Era of Disruption

Contents

Introduction

Healthcare payers are entering a period of significant disruption. Rising regulatory mandates, persistent margin pressures, growing clinical complexities, and evolving consumer expectations are reshaping requirements across the payer value chain. At the same time, fragmented workflows, legacy technology environments, siloed data ecosystems, and uneven talent readiness continue to limit how quickly, intelligently, and consistently payer organizations can respond. Together, these external and internal pressures are widening the gap between today's fragmented operating reality and the domain-led, intelligent operations model that the future will require.

Closing this gap will require more than incremental modernization. Payers will need to rewire the operational foundation across processes, talent, technology, and data while adopting more connected, intelligence-led operating models that can scale enterprise-wide. Simultaneously, the transformation journey will increasingly depend on strategic partners that combine healthcare domain expertise, operational execution, and technology-led enablement, moving well beyond traditional labor arbitrage models.

This Viewpoint draws on an Everest Group survey-led study to examine how payer enterprises are responding to evolving market dynamics, where organizations currently stand in their AI and transformation journeys, and what they must do to operationalize domain-led intelligent operations at scale.

Specifically, **this Viewpoint outlines**:

- The external and internal challenges reshaping payer operations today
- The evolution of payer priorities through 2030
- What future-ready payer operations look like across processes, talent, technology, and data
- A transition framework that payers should follow to move to intelligent operations
- The evolution of providers' role as payer expectations change

The inflection point: current challenges and future expectations

By 2030, the United States is projected to have 27.2 million more elderly Medicare beneficiaries than in 2010, while the share of beneficiaries with three or more chronic conditions is expected to rise from 26% to 40%.[1] At the same time, Health Resources and Services Administration (HRSA) projects a national shortage of 108,960 full-time equivalent registered nurses by 2038, alongside physician shortages across most specialties.[2] These trends highlight the need for payer to prepare for operating models that can adapt to structural healthcare shifts while responding to the external disruptions reshaping the ecosystem.

Exhibit 1 outlines the major external challenges impacting payer operations today.

Exhibit 1: External disruptions impacting the healthcare operations market

Source: Everest Group (2026)

	Operational impact
Evolving regulatory challenges embedding compliance into operating model 2024 CMS Final Rule: Fast Healthcare Interoperability Resources-based APIs and Faster PA Decisions.	Redesign workflows for real-time data exchange. Automated transparency for prior authorization denials. Compliance shifts from IT checks-the-box to core operating model.
Financial and margin pressures Medical loss ratio hitting more than 90% for many payers.	Manual rework and avoidable denials now directly hit earnings. Increasing pressure to reduce administrative inefficiency. Higher scrutiny on operational RoI.
Shifting consumer expectations Rise of digital access and public quality reporting.	Demand for convenience in claims and benefits. Requirement for seamless, multi-channel member journeys. Transparency in becoming a competitive differentiator.
Expanding role of value-based care 2030 projections: 47% elderly obesity; ~40% diabetes.[1]	Shift from claims processing to longitudinal health management. Clinical insights needed in real time for population and network enablement.
Cybersecurity and continuity risks As per HIPAA journal, between 2009 and 2025, 7,357 data breaches reported to Office for Civil Rights.	Post AI, cybersecurity becoming an enterprise continuity issue, not just IT. Provider resilience, recovery readiness, and accountability core requirements.

1 National library of Medicine
2 HRSA Health Workforce

External pressures are increasing the urgency to transform, but internal constraints are making transformation harder to execute. These challenges are deeply interconnected rather than isolated operational issues. Payer operations depend on coordinated execution across enrollment, claims, care management, provider services, member engagement centers, and outsourced teams. However, inconsistent governance, disconnected systems, and non-standardized workflows continue to make end-to-end coordination difficult across the enterprise. As a result, organizations struggle to scale automation and intelligent operations beyond pockets of progress.

Exhibit 2 outlines the top three internal challenges that healthcare payer operations face.

Exhibit 2: Internal constraints limiting payer transformation

Source: Everest Group (2026)

62%

Inefficient coordination across internal functions and external providers

52%

Inability to integrate and modernize legacy technology architecture due to fragmented systems

50%

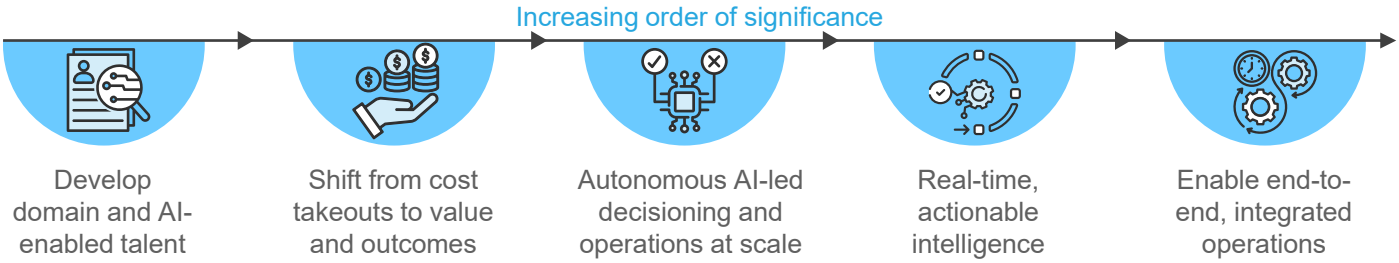
Lack of automation across high-volume workflows (for example, prior authorization, claims intake, and adjudication)

Payers also highlighted additional internal challenges, including fatigue from stalled AI programs and limited real-time visibility across processes. At a broader level, these issues reflect the accumulation of foundational debt across processes, talent, technology, and data. This debt has built up over years of fragmented initiatives, piecemeal sourcing decisions, legacy system expansion, and function-specific optimization. These constraints are now becoming some of the biggest barriers to scaling intelligent operations, because enterprise-wide transformation requires foundations to evolve in a more coordinated and integrated way than most payer organizations have historically achieved.

Exhibit 3 illustrates how this shift is already beginning to shape payer priorities heading into 2030.

Exhibit 3: Payer priorities for intelligent operations by 2030

Source: Everest Group (2026)



Contrary to broader market perceptions about embedded workflows, building domain-led AI talent and embedding deep healthcare expertise into AI-driven workflows has emerged as a key strategic priority, with nearly 68% of respondents identifying it as a focus area. The finding signals that future-ready intelligent operations will depend not only on technology adoption, but also on the ability to combine AI capabilities with operational and domain context, requiring organizations to fix the foundations first.

Rewiring the foundation: reimagining the operations of the future

Many health plans are already investing in process redesign, upskilling, AI, analytics, and automation. Yet much of that progress remains localized. To become truly AI-ready, payers must move beyond partial modernization and rethink how processes, talent, technology, and data work together to support intelligent operations at scale.

Reimagining processes: from fragmented tasks to intelligent workflows

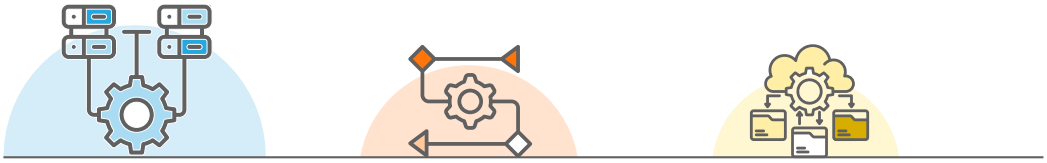
Payers have taken steps toward process modernization, but only 22% of respondents indicated that a majority of core operational towers, such as claims and member services, are integrated. In contrast, 54% reported only partial integration within functions, where data flows between departments but operational silos persist. These silos prevent unified end-to-end processes and require manual intervention to bridge gaps.

Exhibit 4 outlines how respondents assess current process workflow maturity across payer operations.

Exhibit 4: Current maturity of payer process workflows

Source: Everest Group (2026)

Percentage represents share of respondents



54%

Partially integrated functions/towers
For example, member admission triggers case creation for disease management, but downstream care coordination remains separate.

24%

Function-specific, siloed process/operational workflows
For example, claims intake and adjudication work as disconnected workflows despite being part of the same claims tower.

22%

Majority of functions/ towers are integrated
For example, claims management and member services workflows are well integrated.

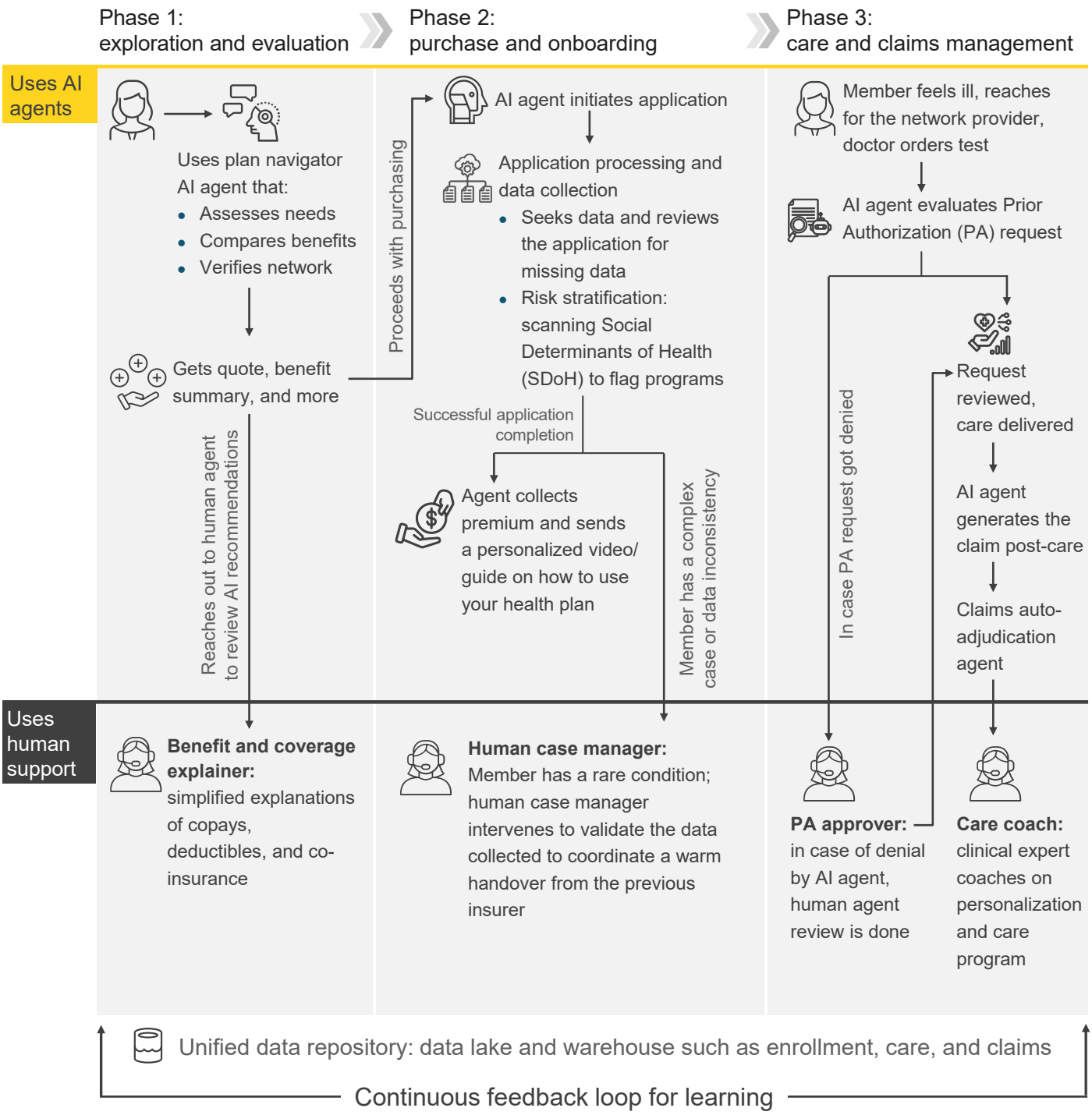
This lack of orchestration across systems continues to limit operational effectiveness. For example, critical inputs in population health analytics, including risk signals, care-gap indicators, claims history, quality measures, and outreach activities, often remain distributed across separate systems, workflows, and teams. Analytics may identify a member as a rising-risk or missed care opportunity. However, these insights do not consistently translate into coordinated care management actions, provider engagement, or quality interventions.

As payer operations become more complex and AI adoption accelerates, process maturity can no longer depend on isolated workflow improvements alone. Payers must redesign workflows around integrated, end-to-end operational journeys that eliminate redundant review layers, streamline decision-making, and enable coordinated execution across functions. In a future-state member journey, for example, member orchestration shifts from transactional enrollment to a continuous, AI-enabled educational and service experience.

Exhibit 5 illustrates this shift through an integrated member journey.

Exhibit 5: Intelligent member journey in an integrated operating model

Source: Everest Group (2026)



Upskilling the workforce: from volume-based execution to judgment-driven oversight

As payers' operating models become more automated and intelligence-led, workforce priorities become more consequential. Technical proficiency will not define the future workforce but domain expertise-based human judgment will. That distinction matters because payer operations still depend on people who can interpret policy nuances, evaluate exceptions, resolve ambiguity, guide care journeys, and apply operational context when workflows do not fit neatly into predefined rules.

Exhibit 6 demonstrates that respondents identified domain expertise and change/decision-making skills as the most critical future workforce capability, selected by approximately 44% of respondents.

Exhibit 6: Workforce capabilities required for intelligent payer operations

Source: Everest Group (2026)

Percentage represents share of respondents

44%	30%	26%
Deep domain expertise, change and decision-making skills	Data/Analytics skills	AI/ML proficiency

This pivot is especially important because many high-impact payer workflows carry financial, clinical, and compliance consequences. Roles that range from claims examiners, utilization management nurses, appeals specialists, operations teams, and member engagement center staff are moving away from repetitive execution and toward oversight, intervention, and exception management. While AI can summarize, route, and flag issues, human expertise remains indispensable in cases involving medical necessity, benefit interpretation, provider disputes, documentation gaps, or audit-sensitive actions.

"AI streamlines the workflow, but deep domain expertise remains the vital foundation for payer operations. Experts are essential to navigating complex exceptions and providing the oversight necessary for clinical accuracy."

– AVP of a US-based commercial health plan

Access to AI-ready talent remains uneven. Nearly 72% of respondents indicated talent access is still emerging. Although active upskilling is underway through external partner support, only 14% have built a strong internal center of excellence. These findings underscore how early most payer organizations are in building the workforce needed to scale intelligent operations with confidence. The workforce challenge is no longer simply about adding digital skills; it is about building a talent model that combines domain depth, operational judgment, and AI readiness at the scale that future payer operations will require.

Technology transformation: from legacy systems to interoperable ecosystems

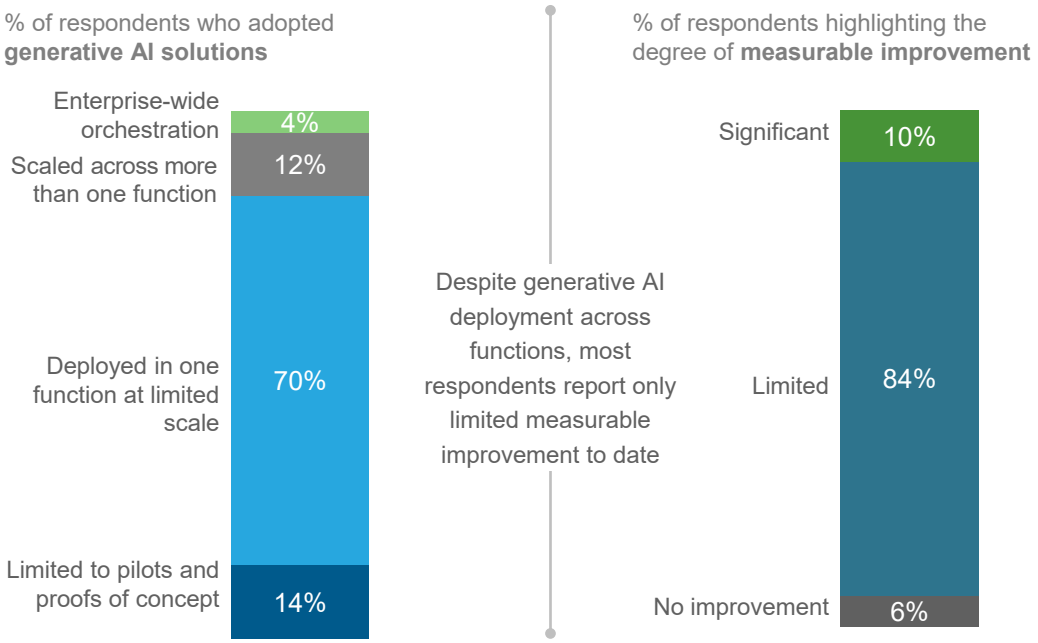
Much has been said about AI, but enterprise reality remains measured. Adoption momentum is building across payers, with 70% experimenting with or deploying generative AI in at least one function, yet most organizations are still struggling to scale it. In fact, 84% of respondents said AI investments have delivered only limited measurable improvement, while about 80% indicated that staff still use AI primarily for basic administrative tasks, such as auto-populating fields and summarization.

These findings reinforce an important reality: scaling AI in healthcare payer operations is fundamentally more complex than in many other industries because operational workflows are tightly interconnected with clinical decision-making, provider coordination, evolving medical evidence, and member health outcomes. The challenge is not simply automating tasks, but embedding intelligence into workflows where accuracy, care impact, compliance, and member trust are all at stake. Thus, payers will need to evolve from legacy systems to interoperable ecosystems, where AI is embedded into service delivery, workflow orchestration, and decision support across the enterprise. However, the responses reveal that only 10% reported significant measurable improvement.

Exhibit 7 details how payers are adopting generative AI and measuring its realized value across operational workflows.

Exhibit 7: Generative AI adoption and realized value in payer operations

Source: Everest Group (2026)



To enable improvement, payers are making selective investments rather than pursuing a big-bang approach. Our research shows that claims management, payment integrity, and voice-based services are the top three AI investment priorities for 2026. The focus is increasingly realigning toward high-impact use cases where operational friction is most visible, measurable value can be demonstrated more quickly, and AI can improve both efficiency and experience at scale.

Exhibit 8 emphasizes evolving generative and agentic AI investment priorities and their top use cases across payer operations in 2026.

Exhibit 8: Top generative and agentic AI use cases in healthcare payer operations

Source: Everest Group (2026)

	Top 1: **Claims management**	Top 2: **Payment integrity**	Top 3: **Member engagement center operations**
Generative AI use case	Generative AI explanation of benefits and claim rationale generation Draft denial justification text Explain policy coverage nuances	Compare billing to guidelines Recovery and audit letter drafting Audit case summarization	Call summarization and note generation Response generation for agents Knowledge base synthesis
Agentic AI use case	Claims intake and triage agents Autonomous claim adjudication agents	Fraud, waste and abuse detection and investigation agents Pre-pay claim review agents	Agent assist (real-time copilots) Conversational self-service agents for routine inquiries (benefits, claims status)

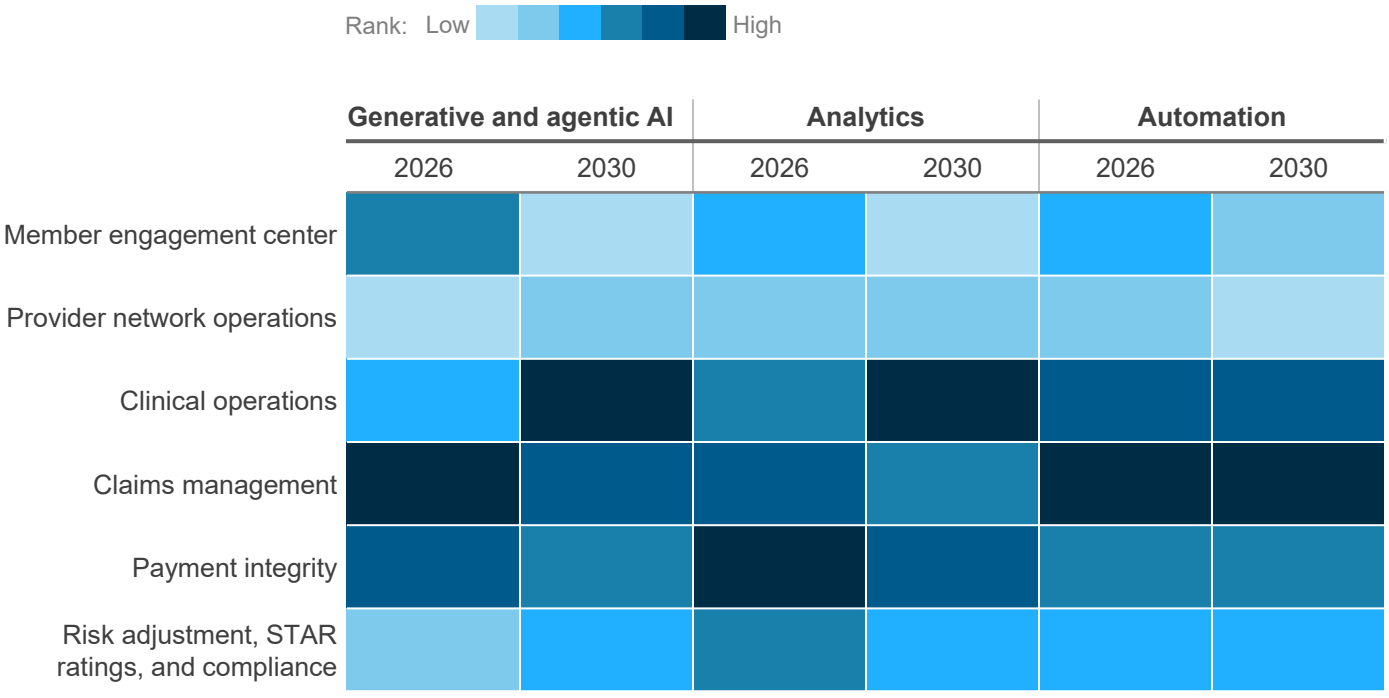
By 2030, AI investment priorities are expected to shift significantly toward clinical operations, with prior authorization, care management, and utilization management emerging as the highest priority areas for AI adoption. This investment reprioritization reflects the growing imperative to reduce the cost of care while improving quality outcomes. However, the findings also reflect that most payers remain focused on lower-complexity administrative use cases today because clinical workflows are more sensitive due to clinical nuance, frequent policy changes, higher exception variability, and potential impact on member outcomes. Scaling AI confidently in these areas will require stronger oversight foundations.

Beyond AI, payers are also expected to increase investments in technology levers such as automation and analytics. Clinical operations will continue to serve as one of the top investment areas, particularly in proactive care interventions, and more personalized member engagement, with human expertise remaining central to complex clinical decisions and managing exceptions.

Exhibit 9 details near-term (2026) versus long-term (2030) technology investment priorities across operational payer workflows.

Exhibit 9: Technology investment priorities across payer operations (2026 vs. 2030)

Source: Everest Group (2026)



Activating data as a strategic asset for continuous decision-making

Data maturity remains one of the clearest fault lines in the transition to intelligent payer operations. Most payer organizations have made progress in aggregating data, but far fewer have built the connected, real-time data environment needed to support live decisioning at scale.

Exhibit 10 captures how respondents assess their organization's data maturity today, and it makes one point especially clear: 68% of organizations still struggle with real-time access despite having data warehouses, while another 10% remain highly fragmented across siloed legacy systems.

Exhibit 10: Data maturity across payer organizations

Source: Everest Group (2026)

68%

Partially integrated; we have a data warehouse but struggle with real-time access

22%

Unified; we have an FHIR-compliant data lake with high interoperability

10%

Highly fragmented; data lives in siloed legacy systems of record

Future-ready operations require a fundamental shift: data must be embedded directly within workflows, providing real-time insights at the moment of decision. A prior authorization case should surface documentation gaps, policy mismatches, or escalation triggers in time for intervention, not after a delay has already occurred. The same logic applies to claims, care management, provider engagement, and member servicing. Until data becomes timely, trusted, interoperable, and governed for execution, AI will remain constrained by fragmented inputs and delayed visibility. The evolution from data aggregation to decision-grade intelligence is therefore not simply a technical upgrade; it is the transition from data as a reporting asset to data as the execution layer for future payer operations.

A transition framework for intelligent payer operations

The previous sections revealed the foundational transformation required across process, talent, technology, and data. Payers now need a more operationally grounded approach to translate these investments into scalable operations. This urgency is increasingly visible across leadership priorities: 70% of respondents identified domain-led intelligent operations as a key strategic priority, but only 16% indicated having dedicated, ring-fenced budgets for it. Many payers recognize the strategic importance of intelligent operations, but far fewer have translated that ambition into a funded, enterprise-backed transformation agenda. To operationalize the transition in a structured way, payers can follow the five-point SCALE approach:

Start with desired business outcomes: Transformation is most durable when it begins with measurable enterprise value rather than technology deployment alone. As one large US payer said on a recent earnings call, the enterprise is embedding AI only where it can have direct measurable impact. As indicated in Exhibit 7, our research also shows that only 10% of the respondents have seen significant measurable improvement, demonstrating the need to define and measure outcomes before investing in AI solutions

Connect decision intelligence across workflows: Near-term use cases are already visible, including call summarization, note generation, agent assist, prior authorization orchestration, and fraud, waste, and abuse investigation. The next imperative is to connect these capabilities across workflows so improvements in one task translate into measurable gains across the broader payer journey. A claims-triage model, for example, creates greater value when it identifies high-risk claims and automates routing to prevent costly late-payment interest, rather than remaining a stand-alone productivity tool. This approach moves payers from localized efficiency gains to enterprise-wide operational leverage

Apply human-guided autonomy: The operating model must be built around a human-in-the-loop methodology, not unchecked autonomy as needed in an industry like healthcare. Recent legal judgements point to risks when AI tools act autonomously, causing post-care denials.[3] When human life and clinical well-being are involved, the stakes are materially higher and the system's tolerance for error is far lower than in most other sectors. Our research shows that 94% of survey respondents believe human judgment will remain integral to decision-making by 2030, either through exception management or AI-assisted direct execution. The broader lesson for payers is clear: in high-impact decisions, human review must remain embedded to ensure that algorithmic outputs do not lead to member harm, provider abrasion, and legal or regulatory exposure

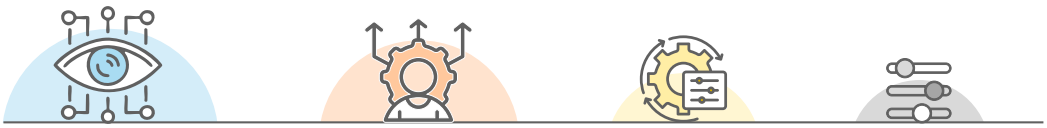
Exhibit 11 details the anticipated level of operational autonomy that payers expect their AI systems to achieve by 2030.

3 Gov Info US Courts

Exhibit 11: Expected level of autonomy in payer AI systems by 2030

Source: Everest Group (2026)

Percentage represents share of respondents



48%
AI-led execution with human oversight for exceptions

46%
Decision support with human-led execution

4%
Fully autonomous execution

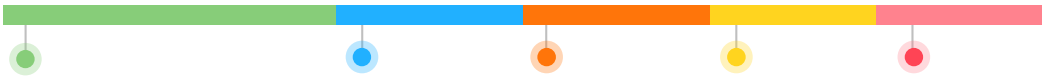
2%
Limited change from current state

Lower barriers through an operationally grounded approach: Achieving intelligent operations requires reducing barriers such as execution complexities across functions, funding pressures, and leadership misalignment among others, as shown in Exhibit 12. To bridge defined outcomes with organizational readiness, payers must adopt a dual-track transformation strategy: a dedicated core unit can lead phased migration, while enterprise governance enforces collective accountability. This structure reduces operational friction, clarifies ownership, and helps the enterprise scale innovation sustainably without disrupting business execution

Exhibit 12 illustrates the primary barriers to intelligent operations and the strategic response actions taken by healthcare enterprises.

Exhibit 12: Barriers to intelligent operations and enterprises' response actions

Source: Everest Group (2026)



32%
Execution complexities across functions

18%
Funding and cost pressures

18%
Risk appetite and regulatory concerns

16%
Leadership alignment and ownership

16%
Technology and data readiness

Governance mechanisms payers are adopting

44%
Payers have instituted a strict **human-in-the-loop review** to ensure final decision always rests with human agent.

30%
Established dedicated, **AI governance committees** at an enterprise level as well as sub-level committees across specific functions.

Committees typically contain members from legal, compliance, IT, and clinical teams reporting to CFO.

8%
Utilizing **independent, external or third-party providers** to manage AI deployments and define AI strategy.

Evolve toward a continuous adaptive model: Intelligent operations should not be designed as static transformation programs. Regulatory requirements, member expectations, clinical complexities, and AI capabilities will continue to evolve. Payer operating models must therefore become more adaptive, responsive, and resilient over time. This responsiveness requires operational structures that can continuously absorb new workflows, integrate emerging technologies, respond to policy changes, and scale decision-making without adding complexities. Enterprises that evolve dynamically, rather than modernize episodically, will be better positioned to sustain intelligent operations at scale

As payer operating environments become more interconnected and AI-enabled, organizations will increasingly depend on ecosystem partners, whose roles are evolving significantly. The next section explores how payers can evaluate and align the right partner ecosystem and how providers can accelerate enterprise-wide intelligent operations transformation.

The role of service providers: from labor arbitrage providers to strategic growth partners

As healthcare payers embark on transformation journeys, sourcing expectations are moving beyond traditional labor arbitrage. Payers increasingly seek providers that combine healthcare domain expertise, higher levels of automation, scalable AI capabilities, and risk-sharing models to deliver measurable transformation outcomes.

Exhibit 13 summarizes the key sourcing factors payer enterprises use to select intelligent operations partners.

Exhibit 13: Selection criteria for intelligent operations partners

Source: Everest Group (2026)

Percentage represents share of respondents

60%	54%	52%	50%	48%	36%
Level of automation and autonomy	AI scalability across functions	Cost savings through risk-sharing models	Domain expertise	Decision speed and accuracy	Strategic partner ecosystem

As payer expectations evolve, providers must rethink how they position and deliver value. The bar is rising from transactional support to strategic partnerships. Providers with the following capabilities are more likely to gain traction as payer plans pivot toward intelligent operations:

- **Integrated AI, domain, and operations capabilities:** A strategic partner must combine healthcare payer expertise, operational execution depth, and AI-led enablement in a way that improves work across the value chain. Our research shows that approximately 72% of payers are either increasing reliance on provider partners that combine AI, domain, and operations or investing in incremental AI integration with existing providers. This distinction matters because payers need partners that can connect process knowledge in claims, prior authorization, and payment integrity with AI, analytics, and workflow redesign rather than offering disconnected point solutions
- **Consulting-led transformation mindset:** A strategic partner must help shape the transformation agenda, not simply respond to it. True partners use deep operational familiarity to anticipate client needs and navigate organizational complexities. By leading with a consulting mindset and executing with a partner mindset, providers can drive workflow redesign, operating model evolution, and governance alignment grounded in the payer's core business problems. This elevated engagement moves providers from delivery providers to co-architects of the future operating model
- **Outcome-linked accountability models:** A strategic partner should align to business outcomes, not just work volume. Nearly 38% of respondents said their organizations are transitioning toward more strategic, outcome-driven partnerships with risk-sharing models and greater accountability for business impact. This orientation matters because the intelligent operations framework is still evolving. When the path to value is not yet stable, outcome-based models can help de-risk the engagement by aligning incentives around measurable impact. As operating models mature and frameworks become more repeatable, payers should revisit whether these commercial structures remain necessary and cost-effective

Conclusion

AI is raising expectations for what payer operations should be able to deliver. However, the future-ready payer enterprise will be defined not by how many technologies it adopts, but by how effectively it rewires the operating core. That effort requires connected workflows rather than functional silos, interoperable technology rather than fragmented systems, decision-grade data rather than retrospective reporting, and domain-led talent that can govern judgment-intensive work in an AI-enabled environment. These are not parallel priorities; they are interdependent capabilities that together determine whether intelligent operations can scale.

The opportunity is significant, but so is the cost of delay. Payers that continue to rely on fragmented execution will find it harder to manage medical cost pressures, meet rising service expectations, and capture meaningful value from AI. Those that act decisively can create a more resilient operating model that improves speed, strengthens trust, supports compliance, and positions the enterprise to compete in a more dynamic healthcare landscape.

For payer leaders, the mandate is clear: intelligent operations are no longer an emerging ambition. They are becoming the operating model required to remain relevant, responsive, and future-ready.

Appendix

Research methodology

This research is based on a targeted survey of 50 senior healthcare payer leaders, including Director/Senior Director, AVP, VP, SVP, EVP, President, and C-suite executives across small, mid-sized, and large enterprises. Respondents represent lines of business including commercial/employer-sponsored, exchange, Medicaid, Medicare Advantage, and other payer segments. They are responsible for key payer functions such as claims, provider networking, voice services, care management, and payment integrity. These roles directly shape the industry's view of healthcare payer operations.

Exhibit 14 shows respondent roles and enterprise sizes.

Exhibit 14: Survey respondent profile by role and enterprise size

Source: Everest Group (2026)

Split of respondents by **role** (100% = 50)	
Director / Senior Director	36%
AVP, VP, SVP, or EVP	42%
President and C-suite	22%

Split of respondents by **buyer revenue** (100% = 50)	
Small-sized enterprises (Enterprise revenue less than or equal to $1 Billion)	14%
Mid-sized enterprises (Enterprise revenue between $1 billion and $10 billion)	52%
Large-sized enterprises (Enterprise revenue more than $10 billion)	34%

While the sample offers valuable directional insights into priorities, challenges, and investment themes, it is not intended to represent the full universe of healthcare payer enterprise buyers.

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