HFS

HORIZONS REPORT

HCP Service Providers, 2026

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

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Excerpt for Sagility

“AI is a multi-generational catalyst, with real upside for access, outcomes, and economics. But reimbursement misalignment and capital allocation inertia will keep it under-realized until bold leaders force change by working against the grain.”

Rohan Kulkarni
Executive Research Leader,
HFS Research

“The HCP services market is leaving IT modernization behind. Vendors winning today engage clinical and operational leadership, demonstrate quantified Quadruple Aim outcomes, and bring risk-sharing co-innovation models. Those still selling AI productivity to CIOs will struggle.”

Mayank Madhur
Practice Leader,
HFS Research

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1 Introduction and research methodology

Introduction

- The global push to deliver better outcomes at lower cost with broader access continues to intensify. In the US, providers are absorbing the impacts of the One Big Beautiful Bill, expiration of subsidies granted by the Affordable Care Act (ACA), and CMS changes such as the Interoperability and Prior Authorization Final Rule.
- Generative AI (GenAI) and foundation models are moving beyond administrative tasks such as prior authorization and revenue cycle management (RCM) into clinical workflows, including ambient documentation, diagnostic imaging, and clinical decision support (CDS). The FDA's evolving framework on AI/ML-enabled clinical decision support, together with ONC's HTI-1 final rule, is establishing the regulatory guardrails for safe, accountable AI adoption at scale.
- The Trusted Exchange Framework and Common Agreement (TEFCA) is enabling nationwide patient data sharing. The Fast Healthcare Interoperability Resources (FHIR) standard is maturing as the common language for health systems. The quiet disruption is caused by severely discounted self-pay options, even with the perennial shift to value-based and risk-sharing payment models.
- The role of service providers continues to evolve into that of a holistic partner that provides transactional support, sophisticated analytics, and clinical operations, engages clinical and operational leadership rather than only the CIO, and bring risk-sharing co-innovation models.
- The *HFS Horizons: HCP Service Providers, 2026* report examines providers' roles in the global healthcare provider industry, encompassing health systems, ambulatory surgical centers (ASCs), and independent physician practices (IPPs). HFS Research assessed and rated the service capabilities of 50 healthcare providers at the intersection of the *why, what, how, and so what,* and the *quadruple aim of care (cost, experience, health outcomes, and equity)*
- This report examines the entire market, focusing on the supply side. It includes detailed profiles of each service provider, outlining their Horizons placement, provider facts, strengths, and developmental opportunities.
- The assessment excludes horizontal IT or business process services (BPS) such as application management or finance and accounting outsourcing, which may be delivered to healthcare provider enterprises.

Sources of data

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

Briefings and information gathering

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

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

Reference checks

We conducted reference checks with **60 active clients and 60 active partners** of the study participants via surveys and interviews.

HFS Pulse

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

For this study, we leveraged our fresh-from-the-field HFS Pulse study data featuring **~600 enterprises.**

Other data sources

Public information such as news releases and websites.

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

Horizon assessment methodology – HCP Service Providers

The HFS Horizons: HCP Service Providers, 2026 report evaluates provider capabilities across a range of dimensions to understand the ***why, what, how, and so what*** of their healthcare provider service offerings.

Assessment dimension (weighting)

Distinguishing service provider characteristics

	Value proposition: The Why?	**Innovation capabilities: The What?**	**Go-to-market strategy: The How?**	**Market impact: The So What?**
	• Impacting the Quadruple Aim of care (cost, health outcomes, experiences, and equity) • Improving the efficacy of **Healthcare Provider** services • Optimizing the value chain	• Enabling technologies intelligently • Designing creative commercial models • Transcending beyond the line-item solutions • Addressing adjacencies	• Value and outcome-based solutions • Co-innovate and co-create scalable solutions • Ecosystem plays and thought leadership	• Demonstrable client case studies • Voice of the customer • Outcomes beyond table stakes
Horizon 3	• Horizon 2+ • Ability to drive "One Ecosystem" to find completely new sources of value • Ability to reduce cost of care, enhance the experience of care, influence health outcomes and improve health equity • Strategy through execution at scale	• Horizon 2+ • Sophisticated capabilities across all value creation levers • A culture of innovation to develop IP • Adopting emerging tech to address complex industry challenges • Addressing new or adjacent markets	• Horizon 2+ • Majority of outcome-based contracts or other creative contracts • Delivering Healthcare Provider specific transformation • Consistently co-innovating or co-inventing with healthcare provider enterprises	• Horizon 2+ • Referenceable and satisfied clients by impacting the quadruple aim • Driving new business models based on partnerships
Horizon 2	• Horizon 1+ • Ability to drive "OneOffice" mindset to break down the barriers imposed by the value chain • Ability to improve health outcomes	• Horizon 1+ • Ability to support clients on their enterprise transformation journey • Global capabilities with strong consulting skills and partnerships with major players • Platform assets-built ground up and augmented through inorganic assets	• Horizon 1+ • Addressing outcomes through proprietary and or industry specific technologies (platforms, applications) enabled by domain experience • Underwriting risk of implementations and technology enablement	• Horizon 1+ • Referenceable and satisfied clients for ability to enhance experience
Horizon 1	• Ability to drive digital transformation to digitize legacy processes • Reduce the cost of care, operations, or delivery, along with enhance the experience of care	• Primarily focused on technology implementation • Offshore-focused execution with strong technical skills and partnerships • Addressing client specific challenges vs. industry-oriented challenges	• Addressing legacy processes and tactical operational challenges • Delivering operational transformation	• Referenceable and satisfied clients for ability to execute

HFS's HCP service providers value chain must adapt to multidimensional challenges

- **Digital manifestation:** Typical linear value chains reflect analog business paradigms vs. representing a multidimensional digital delivery mechanism fit for the 21st century.
- **OneOffice:** The multidimensional value chain makes OneOffice intrinsic to its delivery capability while setting the stage to help build effective ecosystems.
- **OneEcosystem:** Value chains need to be optimized to address a variety of market-driven challenges (costs, climate change, demographics, etc.). This requires crafting diverse and effective ecosystems.
- **Iterative transformation:** Digital transformation can be effectively driven through industry value chains by making iterative and sustainable changes across multiple dimensions over time.

Understanding performance across the quadruple aim of care highlights meaningful impacts

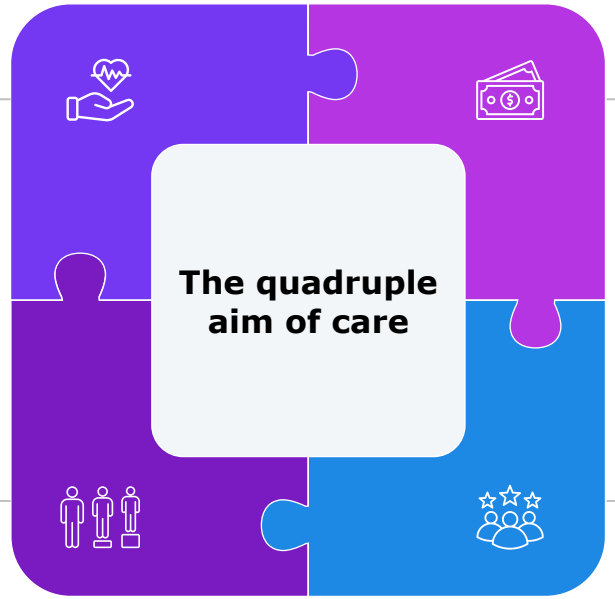
Horizons are HFS Research's supplier evaluation research vehicle designed to assess the innovation and value potential of suppliers across three distinct Horizons:

1

Health
Improving health outcomes

2

Financial
Reducing the cost of care



4

Equity
Addressing disparities and improving access to care

3

Experiential
Enhancing the experience of care for both patients and providers

Horizon 1

Operational transformation: Ability to drive enterprise transformation to digitize legacy processes, while helping to reduce the cost of therapy and enhancing the experience.

Horizon 2

Enterprise transformation: Horizon 1 + enablement of the OneOffice mindset to break down the barriers imposed by the value chain and improve health outcomes.

Horizon 3

Ecosystem transformation: Horizon 2 + ability to drive the OneEcosystem approach by finding new sources of value with partners, leading to equitable healthcare and health outcomes, enhanced experiences, and reduced cost of care.

How are service providers performing across the quadruple aim of care?

This study assesses how well service providers are addressing the needs of the healthcare provider industry (health systems, ambulatory surgical centers, and independent physician practices). It evaluates their capabilities across the HFS healthcare provider value chain and the outcomes delivered to understand their position on the HFS Horizon board, seeking to understand what they bring to the table across four dimensions:

Why

The value proposition, purpose for participation in the healthcare provider marketplace, and underlying motivation to impact the quadruple aim of care

What

The capabilities and solutions portfolio across the healthcare provider value chain, alignment with the value proposition, and innovation pathway

How

The go-to-market strategy, stakeholder (clients, partners, payers, analysts, regulators) connectivity and engagement, and ecosystem management (participants, efficacy, differentiation)

So what

Impact on the quadruple aim of care, with evidence and quantification of outcomes

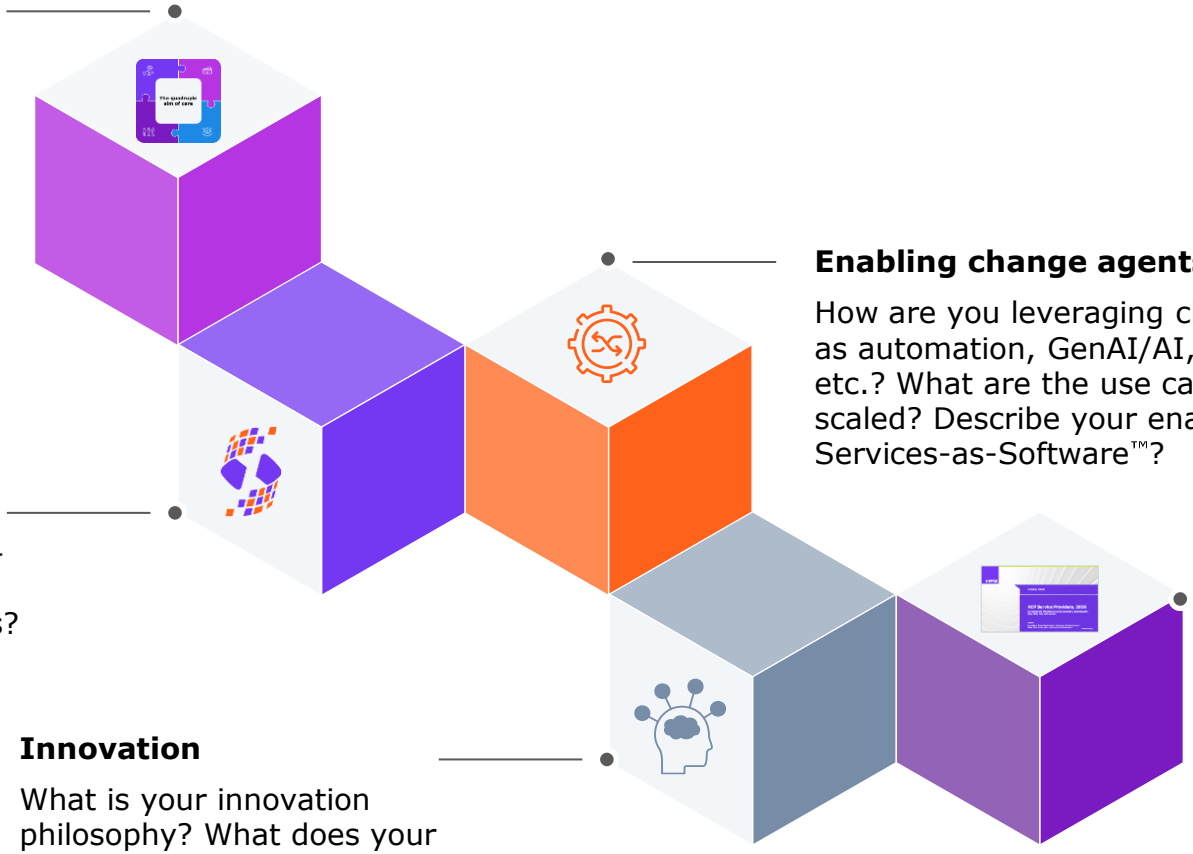
The study seeks to address multiple questions

Influencing the quadruple aim of care

How do you help healthcare providers impact the cost of care (therapy, operations, etc.), experience of care (provider engagement, patient access, etc.), health outcomes (maintaining health, curing disease), and health equity (expanding access)? Are these part of your KPIs? Are they central to your business philosophy?

Services-as-Software™

Is your delivery IP-led vs. people-led? Are you orchestrating outcomes or optimizing processes? Are you leveraging telemetry to realize value, or are they static KPIs and QBRs?



Enabling change agents

How are you leveraging change agents such as automation, GenAI/AI, agentic, quantum, etc.? What are the use cases that are being scaled? Describe your enablement of Services-as-Software™?

Innovation

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

Go-to-market

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

2 Market dynamics

The great re-architecture of healthcare has commenced

From legacy care to living health, three forces are rewriting the operating model

Legacy healthcare
What most of the systems still run on

- **Episodic and reactive**
  Care happens when something breaks and data is captured at the visit
- **Volume driven**
  Revenue tied to throughput via codes, claims, encounters, units
- **Human only clinical labor**
  Nurses and clinicians as the only scalable unit of capacity
- **Fragmented record**
  Patient story scattered across EHRs, payers, devices, and PDFs
- **Protocol average care**
  One size fits cohort guidelines applied to highly heterogeneous patients

Future healthcare
Rewards of the operating model over the next decade

- **Continuous and predictive**
  Always-on signals, the system intervenes before the event, employers will lead
- **Outcome-based**
  Revenue tied to health produced, risk borne, and total cost, not process barriers
- **Human + agentic AI**
  Clinicians supervise fleets of agents that take routine actions more proactively
- **Living patient graph**
  Unified longitudinal record across payers, providers, devices, and socials
- **Personalized n=1 care**
  Models tuned per patient where protocols become defaults, not destinations

Artificial intelligence
GenAI to agentic AI

70%+

of payers and providers expect GenAI's biggest impact on outcomes and experience, not productivity

Bias toward agents that act

Demographics
Aging demand combined with clinician scarcity

1.2 million

Additional US RNs needed by 2030; vacancy is >7.5% today

Demand curve up. supply curve flat

Cost of care
Margins compressed while risk is re-priced

~20%

of US GDP within reach as risk transfer accelerates to consumers and employers

Whoever owns the cost curve owns the category

Our point of view: Whoever rebuilds **clinical** work as **human-supervised agentic services** owns the next decade of healthcare margins.

Six dimensions will continue to reshape US healthcare, with ramifications in the global healthcare markets

	Demand-side impact (hospitals, health systems, ASCs, IPPs)	**Supply side impact**
Legislative (OBBBA and ACA subsidy expiry)	Around 17 million will be more uninsured by end-2026 as traditional payer mix shifts; 300+ hospitals at risk of closure over the next 24 months as uncompensated care surges (~US$6.3 billion in 2026 alone).	Transactional work increases. This includes eligibility verification, redetermination outreach, charity-care administration, denials, and self-pay collections, as well as advisory work on Worksheet S-10 and DSH optimization.
Margins	Median operating margin will slip ~20 bps in 2026 across the 40 expansion states and DC and will worsen through 2028 as the YTD early-2026 margin has declined ~0.3% vs ~2.0% adjusted in 2025. Medical tourism is about to take another bite.	Cost transformation, throughput, denial-recovery, and contract-analytics demand expand as pricing model shifts from FTE to outcome-based, including contingency with AI-led automation across finance and ops, becoming table stakes.
AI driving Dr. AI	1,451 FDA-cleared AI devices in the market as ambient scribes are scaling in the exam rooms, with 78% of providers using AI in RCM, but new state laws (CA AB 489 / SB 1120, TX TRAIGA) may constrain clinical decision making.	Healthcare AI consulting is growing at a 30%–40% CAGR as spend shifts from licenses to governance, model validation, change management, prior-auth automation, and denial-defense, enabled by the battle of the bots.
Global capability centers (GCC)	Health systems are embracing labor arbitrage, with HCA opening a GCC in Hyderabad, adding to the ~80 healthcare GCCs in India today, and expected to double by 2030 as they seek an 18–30 month payback.	Provider-side GCC enablement can become a premium consulting line, especially with Services-as-Software delivery vs. traditional FTE-priced managed services that will compress and AI-native captive talent stacks, displacing pure labor arbitrage as the differentiator.
Revenue cycle management (RCM)	Payers will increase denials, with a 10%–15% estimated increase in claims collection burden but will receive some relief from CMS with the CY2026 OPPS final rule, even as increasing cash-pay and direct contracts collapse traditional flows.	Outsourced RCM will increase. However, FTE-priced models will compress as agentic AI is becoming table stakes, with increasing signals of consolidation beginning to take shape.
Self-insured employers	Around 67% of healthcare-covered workers in the US are self-funded, growing from 18.7% to 27.6% in two years. Also, the energy among firms is driving direct-contract adoption. Health systems are beginning to dilute their commercial, Medicare, and Medicaid businesses due to reimbursement constraints.	Service providers continue to ignore the only growth segment of the market.

Legislative actions are already translating into corrosive on the ground impacts

~17 million

More uninsured by year-end 2026

325+

Hospitals at risk of closure

US$31.9 billion

Revenue loss to expansion-state hospitals in 2026

Largest single-year hit in the projection

3x

Uncompensated care increase in 2026

Bad debt and charity care surge

Rollout timeline

2026

1. Enhanced ACA premium tax credits expire, with a +114% premium hike for unsubsidized buyers

Late 2026

2. Medicaid work requirement outreach and first compliance windows with price-transparency enforcement from April 1 onwards

Jan 2027

3. Full-state Medicaid work requirements with six-month redeterminations begin

FY 2028

4. Provider tax safe harbor cut from 6% to 5.5% in Medicaid expansion states

FY 2032

5. Provider tax safe harbor will be further cut to 3.5%, driving further margin pressure

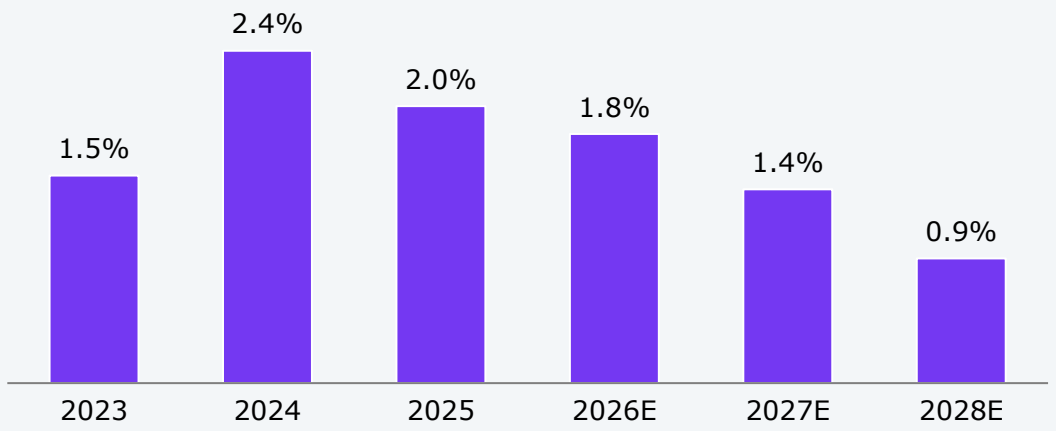
Mitigation playbook

1. Real-time eligibility at every encounter and explore discounted self pay
2. Proactive Medicaid redetermination outreach
3. Expand presumptive eligibility and charity care
4. Renegotiate commercial contracts for the new mix
5. Optimize Worksheet S-10 and DSH reporting
6. Pursue US$50 billion Rural Health Transformation Program funding

Source: KFF, Cecil G. Sheps Center for Health Services Research, HFS Research, 2026

Margins will remain an existential threat to care delivery

Median hospital operating margin across 40 expansion states + Washington DC



What's compressing margins

Labor
Wage inflation persists as nursing and clinician spend remains the biggest single line item and will likely increase as endemic shortages persist.

Inputs
Medical supply and pharmacy inflation persist in 2026 as new tariff pressure on imported devices and pharma layers on top, combined with shortages of key drugs.

Payer mix
Medicaid and self-pay shifts as work requirements bite and health plans exit markets (ACA, MA) with the most vulnerable populations.

Denials
Initial denial rates are consistently over 10% at more than 40% of providers, and AI-driven payer denials are accelerating the loss curve.

Mitigation playbook

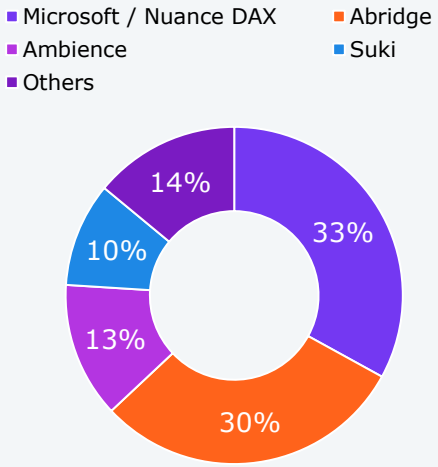
1. Structural cost out (labor, sourcing, SG&A)
2. Throughput and LOS redesign with AI
3. Contract analytics and underpayment recovery
4. Shared services and GCC for finance, IT, and ops currently, and clinical eventually
5. Accelerate direct-to-employer contracts vs. value-based care
6. Partnerships and selective M&A for scale

Source: Urban Institute, Commonwealth Fund, Kaufman Hall, HFS Research, 2026

The evolution of AI from outside the exam room to inside it is becoming a reality

Inside the exam room

Ambient scribe market share



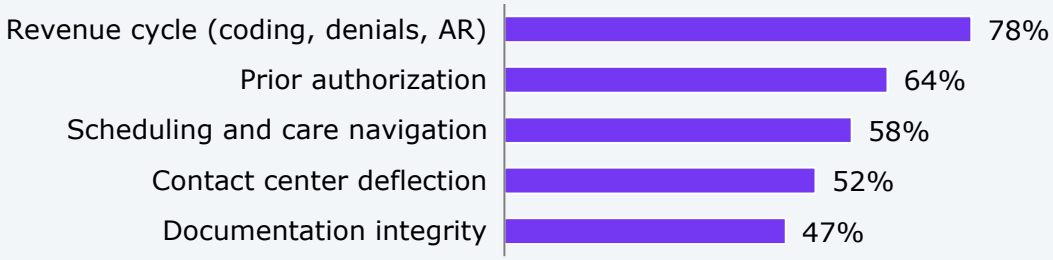
1,451
FDA-cleared AI medical devices (+295 in 2025), with ~76% in radiology

13–16 mins
of per-physician daily EHR time reclaimed by ambient scribes

~93%
of US health systems planning moderate-to-deep ambient AI adoption

Outside the exam room

AI adoption across administrative workflows



US$50 billion–US$56 billion
healthcare AI market in 2026

~36% CAGR
healthcare AI consulting

~78%
of providers use AI in RCM

What providers must do now

Stand up an AI governance council
Clinical, legal, IT, compliance, equity leads; Coalition for Health AI (CHAI) or HHS assurance-lab patterns 1

Comply with new state AI laws
CA AB 489/SB 1120 and TX TRAIGA/SB 1188 for physician sign-off, patient disclosure 2

Run "battle of the bots" defense
Deploy denial-defense AI in parallel with payer AI and document overrides on medical necessity denials 3

Measure depth, not licenses
Target >50% of visits per ambient scribe user to capture real burnout and EHR-time gains 4

Source: JAMA, HFMA, US FDA, HFS Research, 2026

GCCs can be a selective cost mitigator but must be addressed with the right delivery paradigm

Why bother? The honest math on a US hospital's cost base

GCCs touch ~10% of total cost via labor arbitrage on non-clinical work. At 65%–75% arbitrage on that slice, the math suggests ~6%–7% total cost takeout with a 1%–3% margin impact, but not a margin strategy on its own. The bigger prize is talent: AI, data, and digital engineering at roughly one-third of US loaded cost.

GCC fit work

High fit

- **RCM functions:** Medical coding, CDI, denials, AR follow-up, and payment posting
- **Technology:** Application development, data engineering, AI engineering, model ops
- **Security:** Cybersecurity SOC, IT helpdesk
- **Corp functions:** Finance, HR, procurement ops

Selective fit

- **Non-clinical admin:** Voice ops (Philippines or LATAM by language), eligibility and prior-auth admin, patient navigation and scheduling
- **Clinical:** Virtual nursing pre-screen (licensed), quality reporting (HEDIS, MIPS), clinical documentation review

No fit

- Bedside clinical care
- Anything requiring a US state licensure
- Real-time emergency response
- Privileged matters
- M&A and board-sensitive work
- Locally regulated payer comms

Current state reality of provider GCC

US provider captives

- HCA Healthcare (Hyderabad, India): First major US provider-side captive at scale
- Tenet (Conifer) and Bon Secours Mercy have GBS operations in Manila Philippines
- Most others (Ascension, Providence, Kaiser, Banner) use partner-led offshore, not full captive
- ~15-20K provider-captive FTE globally that is not mature yet

Non-US providers

- **UK NHS:** limited offshore via vendors, no captive
- **Australia private (Ramsay, Healthscope):** partner-led offshore admin
- **Middle East (Cleveland Clinic Abu Dhabi):** regional shared-services model
- **EU (DE, FR):** minimal offshore due to data sovereignty; Indian private (Apollo, Fortis): domestic shared-services hubs

Source: AMA, HFMA, multiple enterprise 10K, NASSCOM, HFS Research, 2026

The potential of AI enablement to RCM will shape-shift provider revenues

Legacy RCM economics

- **FTE-priced offshore coding and AR**
  Volume work and AI cannibalizes the unit economics
- **Standardized claim submission**
  Commoditized pricing power lost
- **Manual eligibility and registration**
  Real-time payer APIs make this table stakes
- **Reactive denial chasing**
  High-calorie collection efforts after the loss has occurred
- **Volume-billed inpatient throughput**
  Site-of-care shift to ASC, retail, home

Provider reorientation to shifting economics

- **Revenue integrity and underpayment recovery**
  Where preventable denials of ~US$250 billion live
- **Cash-pay and bundled pricing engine**
  April 2026 transparency rule and good faith estimate (GFE) infrastructure
- **Agentic AI on claims and prior auth**
  Outcome-priced such as percentage of cash collected, denial guarantees
- **Direct contracting with self-insured employers and unions**
  Adjudication outside the BUCAH payer rails and capitation motions
- **One patient, one bill**
  Maximizing AI and site of care neutrality

US$262 billion

40%–50% preventable annual hospital denials

Declining value-based care (VBC)

Alternate payment model contracts declined from ~34% in 20%–30% in 2024

560

Newly ASC-eligible procedures (CY2026 OPPS list)

April 2026

Price-transparency enforcement picking up

What providers should do

1. Reposition RCM from claims processing to revenue integrity
2. Build cash-pay, capitation, and bundle capability for the transparency era
3. Lean into VBC enablement outcomes, risk-adj, pop-health data
4. Demand outcome-priced AI in every new RCM contract
5. Stand up direct-contracting ops outside payer rails for employers and unions
6. Follow the volume across ASC, retail clinic, home, and virtual care

Source: Beckers, HFMA, Mark Cuban Cost Plus Wellness, AMA, CMS, HCP-LAN, HFS Research, 2026

Care Anywhere revenue operations will be the new RCM mandate, an organizational redesign dressed up as a technology problem

The 30-day knee replacement in 2026: same patient in six settings

DAY 0	DAY 1	DAY 7	DAY 14	DAY 14-15	DAY 16-90
Virtual pre-op consult Telehealth	**Retail clinic** Lab/blood draw	**Home health** Pre-op nurse visit	**ASC** Knee surgery	**Hospital-at-home** CMS waiver recovery	**Home and virtual** PT and follow-ups

Today
5–8 separate bills, ~4+ EHRs, ~3+ payer auth chains, fragmented patient experience

Tomorrow
One episode, one EHR, one ledger, one bill, one financial relationship

What's forcing the shift

Regulatory
April 2026 transparency enforcement, CMS-0057-F prior-auth, 560 newly ASC-eligible procedures (CY2026), and No Surprises Act with GFE

Consumer
HDHP patients can't continue to tolerate the maze, could impact self-pay collection with bill fragmentation, and price-shoppers will move to clear pricing providers

Operational
Volume migrates faster than legacy RCM stack adapts

VBC isn't the integrator
Operational integration won't come from payment evolution alone

What providers should do

1. Name a single C-suite owner of patient financial experience
2. Build episode-based billing infrastructure, not claim-by-claim
3. Consolidate to a primary RCM platform across all settings
4. Invest in consumer-grade payment UX (mobile, plans, financing)
5. Collapse hospital, ambulatory, and home P&L silos for revenue ops
6. Measure single-bill rate, self-pay collection, and days-to-clean bill

Source: Beckers, HFMA, Mark Cuban Cost Plus Wellness, AMA, CMS, HCP-LAN, HFS Research, 2026

Self-insured employers will be the catalyst to lower cost but higher margin urban-care growth lever

Where the buying power is

103 million lives
~67% of US covered workers are in self-funded plans (80% of 200+ firms)

27.6%
of self-funded purchasers had a direct contract in 2025, an increase of ~9 basis points in 2 years

~26.7% more
of purchasers actively evaluating direct contracts

Where they're going: the rails being laid

Carrum Health
6.7 million lives
1,000+ COE locations

Marathon Health
3 million+ lives
750 centers, 41 states

Premise Health
~400 employers
900 clinics (merged with Crossover Health March 2026)

Source: KFF, PBGH, HFS Research, 2026

What providers should do

Stand up an employer direct-contracting unit 1
Bundled pricing on top 10–15 procedures (ortho, cardiac, oncology, bariatric).

Win regional COE designation 2
Apply with PBGH, HTA, and tap travel-surgery programs (Walmart, Boeing model).

Co-brand on-site and/or two near-site clinics 3
Partner with existing and scaling options rather than build alone.

Offer fiduciary-grade transparency 4
Unit pricing with outcomes scorecards and essential CAA/DOL disclosure rules.

Build a direct-to-employer sales motion 5
Broker, benefits consultant, HR that is separate from the payer-contracting team.

Use or build TPA capability 6
Bypass BUCAH rental networks where geography and scale support it or partner to build fit-for-purpose capabilities.

3 Horizons results: HCP Service Providers, 2026

50 service providers have been evaluated in this report

Note: All service providers are listed alphabetically

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

Providers (alphabetical order)	HFS point of view
Accenture	Driving reinvention through enterprise transformation, agentic orchestration, and ecosystem partnerships
Akkodis	Enabling provider modernization through digital engineering, connected care, and cloud delivery
Atos	Engineering outcomes through sovereign AI and hospital-grade platforms
Capgemini	AI-led BPS and RCM operations combining WNS domain depth with Capgemini engineering
Carelon	Healthcare services and provider-operations led by aggressive M&A-driven scaling
CitiusTech	Healthcare-native AI and Epic depth powering provider outcomes
Coforge	Unlocking clinician experience via AI-led IT transformation
Cognizant	Modernizing provider operations with AI-enabled RCM and interoperability
Deloitte	Multi-disciplinary healthcare provider advisory anchored in ConvergeHEALTH and Operate Services
DXC	Running healthcare IT for hospitals and government through interoperability and EHR managed services
EMIDS	Driving provider modernization through healthcare-specialist engineering and design
Ensemble Health Partners	Driving financial sustainability through outcome-based RCM partnerships and EIQ analytics
EPAM	Accelerating healthcare modernization through engineering and design-led transformation

Providers (alphabetical order)	HFS point of view
Epic	EHR platform powering the provider value chain with ambient AI and ecosystem gravity
Evernorth	Pharmacy-anchored healthcare services arm pivoting aggressively into care delivery
EXL	Industrializing provider cost management through AI-led data, RCM, and clinical operations
EY	Enabling durable value through enterprise innovation and partner ecosystem
FirstSource	Scaled outcome-based, AI-enabled healthcare RCM and provider BPS
Genpact	Optimizes provider operations through agentic AI and process intelligence
Guidehouse	Advisory-led provider transformation anchored in the Navigant heritage
HCLTech	AI-led transformation provider leveraging AI and accelerators
Hitachi Digital Services	Delivering Healthcare-as-a-Service, from facilities and infrastructure to AI-enabled services
HEXAWARE	Scaling provider operations with AI platforms to improve cost and experience.
HTC	Driving healthcare IT overhaul with managed services, AI analytics, and platform delivery
IBM	Extending enterprise AI and hybrid-cloud strengths into the provider market

Note: All service providers are listed alphabetically

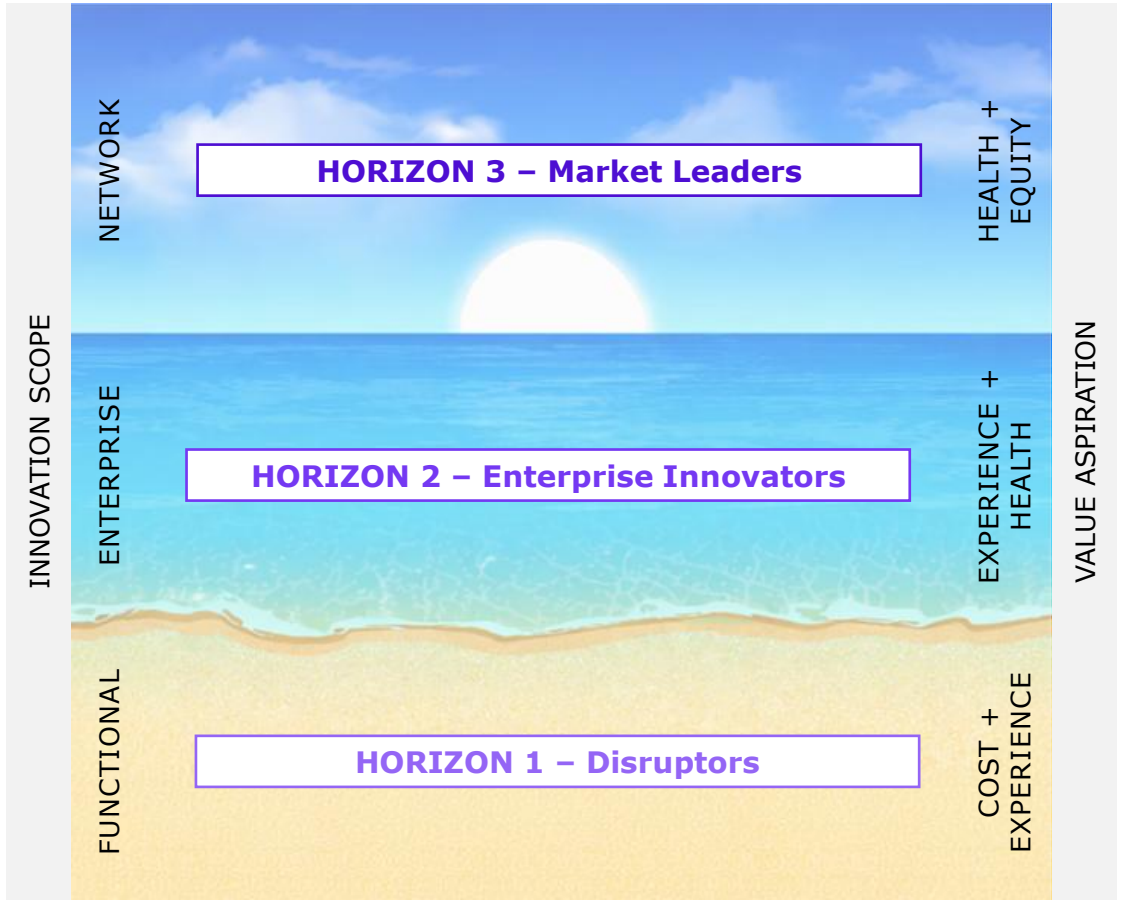
HFS Horizons: Summary of providers assessed in this report (2/2)

Providers (alphabetical order)	HFS point of view
Infinite Computer Solutions	Technology enabler of provider IT operations and value-based care
Innova Solutions	Addresses provider choke points with AI-enabled RCM, cloud modernization, and engineering depth
Inovalon	Accelerates cash flow with staffing precision and safety through connected healthcare intelligence
KPMG	Pre-configured Powered Enterprise accelerators and multi-agent AI powered operations
Kyndryl	Healthcare IT integration and modernization through platforms and agentic AI framework
LTM	AI-led provider operations transformation through agentic platforms and global delivery innovation
Meditech	Cloud-native EHR enabling agentic-enabled clinician experience
NTT DATA	Modernizes provider operations with full-stack AI, EHR, RCM, and infrastructure capabilities
Omega	AI-enabled pure-play and scaled RCM and BPO services
Optum	Actionable clinical and financial insights enhancing provider operations
Oracle Health	Rebuilds EHR on OCI with AI agents to enhance clinical workflows and outcomes
Persistent	AI-first engineering advances care delivery platforms, data, experience, and operations
Publicis	Patient engagement and digital front-door through SPEED framework

Providers (alphabetical order)	HFS point of view
PwC	Provider advisory anchored in partner-led expertise
R1 RCM	Pure-play RCM operator scaling agentic AI via the Phare operating system
Sagility	Payer policy-informed clinical denial recovery and AI-orchestrated healthcare provider operations
Smarter Technologies	Reinventing revenue management through Services-as-Software and agentic AI
SoftServe	Clinical-first engineering accelerates provider transformation
Sonata Software	AI-first engineering specialist with a growing healthcare practice.
Sutherland	AI-led provider RCM operations through BPaaS and autonomous coding
TCS	AI-led transformation across the value chain through agentic platforms and deep industry IP
Tech Mahindra	Multi-EMR managed services alleviating provider tech-ops
UST	Accelerates healthcare modernization through cloud, AI, and interoperability
Virtusa	Driving healthcare digital through engineering and AI-led platforms
Wipro	Streamline providers' operations through practical AI, automation, and data tools

Note: All service providers are listed alphabetically

HFS Horizons for HCP Service Providers, 2026



Horizon 3 – Healthcare provider native transformation providers demonstrate

- Horizon 2+ ability to drive OneEcosystem to find completely new sources of value
- Ability to reduce cost of care, enhance the experience of care, influence health outcomes, and address health equity
- Strategy through execution at scale with sophisticated capabilities across all value creation levers
- A culture of innovation to develop IP while adopting emerging tech to address complex industry challenges
- Addressing new or adjacent markets
- Majority of outcome-based contracts or other creative contracts to deliver Healthcare Provider-specific transformation
- Consistently co-innovating or co-inventing with healthcare provider enterprises
- Referenceable and satisfied clients by impacting the quadruple aim
- Driving new business models based on partnerships and alliances with a diversified ecosystem

Horizon 2 — Enterprise business transformation providers demonstrate

- Horizon 1 + ability to drive OneOffice mindset to break down the barriers imposed by the value chain
- Ability to reduce the cost of care, enhance the experience of care, and improve health outcomes
- Ability to support clients on their enterprise transformation journey
- Global capabilities with strong consulting skills and partnerships with major players
- Platform assets are built from the ground up and augmented through inorganic assets
- Addressing outcomes through proprietary and or industry-specific technologies (platforms, applications, agentic) enabled by domain experience
- Underwriting the risk of implementations and technology enablement
- Referenceable and satisfied clients for the ability to enhance experience and improved health outcomes

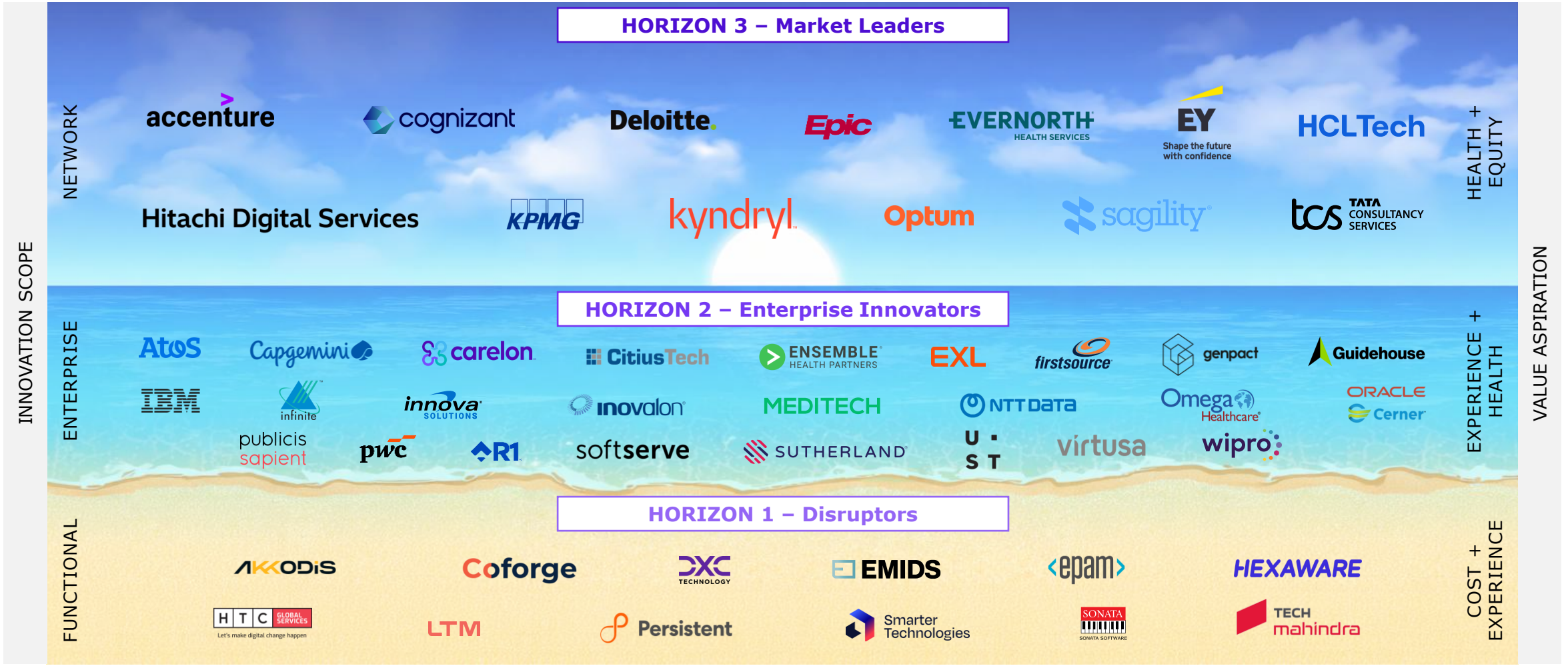
Horizon 1 — Operational transformation providers demonstrate

Horizon 1 service providers demonstrate

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

Note: All service providers within a Horizon are listed alphabetically
Source: HFS Research, 2026

HFS Horizons for HCP Service Providers, 2026



Note: All service providers within a Horizon are listed alphabetically
Source: HFS Research, 2026

Excerpt for Sagility

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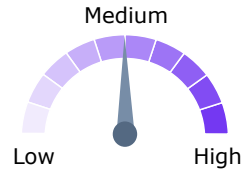
Sagility profile: HCP Service Providers, 2026

Sagility: Payer policy-informed clinical denial recovery and AI-orchestrated healthcare provider operations

Strengths	Development opportunities
• **Value proposition:** 100% US-healthcare services for providers, pairing 25-year payer-policy intelligence with Synchrony AI orchestration, SmarTec AI agents, BirchAI virtual agents, and a large clinician base. • **Capabilities:** Addresses most of the value chain, including patient consultation, referral, acute care, post-acute, patient services, RCM/billing with Sagility Synchrony, SmarTec AI agents, and HealthBridge Connect. • **Go-to-market:** Targets US health systems, ASCs, and IPPs via Sagility's healthcare-only specialist BPO model with BPaaS, managed services, and outcome-based pricing. • **Outcomes:** Cut costs through AI-enabled RCM, reduced clinician workload through Nurse Assist, and decreased payer calls and improved NPS via HealthBridge. Sagility's Smart Tech Clinical Denail Management System including Nurse Assist accelerated clinical determinations to deliver care faster, while Smart Step shifts frailty care to whole-person care, driving readmission avoidance. SDoH and medication-adherence outreach increased contact rates among underserved Medicare beneficiaries. • **Innovation:** Proprietary in-house R&D platform. Built products such as Synchrony, SmarTec, and HealthBridge Connect internally, supplemented by targeted acquisitions. • **Customer:** Trusted as an experienced healthcare specialist, payer-policy intelligence applied to provider denial recovery, and deep clinical and coding domain expertise with 4,100+ clinicians. • **Partner:** Recognized for its 100% healthcare-focus discipline, platform-led services for partners, end-to-end value chain coverage, and reliable multi-shore execution across five geographies.	• **Value proposition:** From back-office RCM, Sagility should reposition itself as an end-to-end clinical and revenue partner enabling value-based care providers. • **Capabilities:** It should reframe the narrative beyond RCM and align capabilities to the provider value chain to increase resonance with clinical and non-IT buyers. • **Go-to-market:** A deliberate partner enabled and direct to CFO and CIO value creation is key to high margin and high sticky clientele. • **Outcomes:** Lean into quantifiable and measurable results across the quad-aim of care supported by public domain attributable case stories. • **Innovation:** Embrace an enterprise innovation framework in collaboration with key domain specialists to optimize investments and accelerate value creation. • **Customer:** Must build perception as a strategic transformation partner and value-based-care orchestrator, beyond the tactical delivery. • **Partner:** Must earn perception as a co-innovation peer and joint-GTM partner not just a downstream services execution vendor.

Relevant M&A and partnerships	Key clients
Recent M&A (2022–2025) • **BirchAI (2024):** Provides cloud-based GenAI call technology **Partnerships** Salesforce, AWS, Azure, Epic, Meditech, Athenahealth, Availity, Elligint Health	**Number of clients:** 17 **Key clients:** None disclosed

Global operations and resources	Flagship internal IP	Sustainability meter
Headcount: 4,000+ **Delivery and innovation locations:** 35 delivery centers across US, India, Philippines, Colombia, Jamaica	• **Sagility Synchrony provider modules:** AI-orchestrated lifecycle suite for RCM, appeals and grievances, and claims workflows • **SmarTec AI family:** Nurse Assist, Recruiter (Noah), Agents, and Workmates • **HealthBridge Connect:** Payer-provider synergy platform • **Agentic AI-Embedded Provider Platform:** Epic-integrated GenAI RCM suite with intelligent claim prioritization, ML Suite, and rebilling automation • **UM360 PCO:** 360-degree utilization management model	

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

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

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Mayank Madhur is a Practice Leader at HFS Research, driving deep research and insights into the healthcare and life sciences verticals. He holds the Sustainability and Climate Risk (SCR) certification from GARP and is a certified Project Management Professional (PMP®).

With over a decade of experience in research, strategy, pre-sales, and software development, Mayank blends analytical rigor with execution. His professional journey began as a software engineer in the medical device domain, followed by a pre-sales position at Altimetrik, which gave him a unique perspective spanning technical development and solutioning.

He holds an MBA from BITS Pilani, a PGPM in healthcare management from LIBA, and a bachelor's degree in electrical and electronics engineering. He also completed an executive program in strategic management from IIM Kashipur and a postgraduate diploma in public health. Reflecting his commitment to continuous learning, he is currently pursuing an MSc in applied mathematics.

About HFS

- **INNOVATIVE**
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