Everest Group Healthcare Payer Operations PEAK Matrix® Assessment 2023

Focus on Wipro
July 2023
Introduction

The healthcare industry is characterized by rapid changes and constant evolution, making it crucial for organizations to continuously adapt and enhance their fundamental capabilities. The increased push toward value-based care has presented various opportunities that have gained prominence, including telehealth, population data analytics, remote patient monitoring, commercial models based on risk assessment, increased investment in care management in general, and a greater emphasis on digital initiatives, particularly automation and analytics. To achieve these objectives, healthcare service providers are forging robust partnerships within ecosystems, collaborating with top third-party vendors, developing innovative technological solutions, and implementing novel approaches such as Business-Process-as-a-Service (BPaaS) and payvider solutions for service delivery.

In this research, we present an assessment and detailed profiles of 29 healthcare payer operations providers featured on the Healthcare Payer Operations PEAK Matrix® Assessment 2023. The assessment is based on Everest Group's annual RFI process for the calendar year 2023, interactions with leading healthcare payer operations providers, client reference checks, and an ongoing analysis of the healthcare payer operations market.

The full report includes the profiles of the following 29 leading healthcare payer BPS providers featured on the Healthcare Payer Operations PEAK Matrix®:

- **Leaders**: Accenture, Cognizant, Conduent, EXL, Firstsource, Sagility, NTT DATA, Optum, and Wipro
- **Major Contenders**: Access Healthcare, Capgemini, Concentrix, Evolent Health, Exela Technologies, Gainwell Technologies, Genpact, HCLTech, Infosys, Mphasis, Omega Healthcare, Smart Data Solutions, Shearwater Health, Sutherland Global Services, and WNS
- **Aspirants**: CGI, Hexaware, Sunknowledge Services, Vee Technologies, and Viaante
Everest Group Healthcare Payer Operations PEAK Matrix® characteristics

Leaders
We recognize nine providers in the Leaders category – Accenture, Cognizant, Conduent, EXL, Firstsource, NTT DATA, Optum, Sagility, and Wipro.

- Leaders have established themselves as front-runners to support healthcare payers in their end-to-end operations value chain spanning product development, member engagement, network management, care management, claims management, and risk and compliance
- These providers focus on ramping up their talent pools and technological investments to serve the increased demand for outsourcing. Talent shortages and cost pressures heightened by a growing demographic age are key reasons for this increased push in outsourcing in the healthcare payer space

Major Contenders
Fifteen providers are positioned as Major Contenders – Access Healthcare, Capgemini, Concentrix, Evolent Health, Exela Technologies, Gainwell Technologies, Genpact, HCLTech, Infosys, Mphasis, Omega Healthcare, Smart Data Solutions, Shearwater Health, Sutherland Global Services, and WNS.

Major Contenders’ coverage of the healthcare payer operations value chain is not as comprehensive as that of Leaders; however, they have consolidated their capabilities in specific areas of the value chain through investments in people, processes, and technologies.

Aspirants
CGI, Hexaware, Sunknowledge Services, Vee Technologies, and Viaante are recognized as Aspirants on the Healthcare Payer Operations PEAK Matrix®.

- Aspirants need to build a robust partnership ecosystem to enhance their technical and domain expertise and diversify their presence across buyer segments
- Increasing their visibility among buyers by showcasing relevant case studies of serving specific buyer segments should be a focus area for Aspirants
**Everest Group PEAK Matrix®**

Healthcare Payer Operations PEAK Matrix® Assessment 2023 | Wipro is positioned as a Leader

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Assessment for Capgemini, CGI, Concentrix, Evolent Health, Gainwell Technologies, HCLTech, Hexaware, Omega Healthcare, Sunknowledge Services and Vee Technologies excludes service provider inputs on this study and is based on Everest Group's estimates that leverage Everest Group's proprietary Transaction Intelligence (TI) database, ongoing coverage of the service providers, their public disclosures, and interaction with buyers.

2 The service providers who participated in two consecutive PEAK Matrix® assessments (2022 and 2023) have been considered for Star Performers rating.

Source: Everest Group (2023)
Wipro profile (page 1 of 8)

Overview

Company overview
Wipro is a global information technology, consulting, and business process services company that offers cognitive computing, hyper-automation, robotics, cloud, analytics, and emerging technologies to help clients adapt to the digital world. With over 240,000 employees, the company serves clients across six continents.

Headquarters: Bangalore, India Website: www.wipro.com

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

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

Recent acquisitions and partnerships
- 2020-2021: partnered with HealthEdge, Plexis, Medversant, and Change Health Centers (CHC)
- 2020-2021: partnered with Raziel Telehealth to drive remote patient monitoring, virtual health, and telemedicine
- 2020-2021: partnered with Innovaccer, Esseste, and Zeomega to drive population health management care coordination and disease management
- 2020: acquired Capco, a financial services company. This acquisition added insurance and financial services domain strength and management consulting experience to Wipro’s suite of capabilities
- 2020: partnered with a platform/company for end-to-end risk adjustment Hierarchical Condition Category (HCC) coding and platform with the power of AI/ML
- 2020: partnered with a company for an analytics-based CX solution
- 2019: partnered with a global conversational AI company, providing AI-enabled conversational automation and analytics (speech), conversational assistant, and voice biometrics solutions; Innovaccer for interoperability and healthcare analytics; and Medversant for provider life cycle management

Recent developments
- Invested in clinical management services by building a talent training and certification academy. Enabled a roadmap to transition from being a local certified nurse to US registered nurse
- Invested/Partnered with a population health and care management platform solution, providing a member-centric view, automated assessments, care planning, and flexible care coordination workflow
- Invested in a payer business transformation framework, Digitized Health Experience through consulting and a digital-first approach, driven by a combination of domain consultants, automation, and technology to transform and predict operations
- Enhanced its existing capabilities around analytics solutions and a data discovery platform, which uses pre-defined applications to uncover business insights
- Partnered with a leading Product Lifecycle Management (PLM) company for NCQA-certified provider life cycle management through platform solution providers in the provider contracting, screening, monitoring, and credentialing functions
- Invested in a consulting-led EMR platform, providing integration offerings, delivering digital patient journey mapping, and enabling population health analytics reporting
- Developed a cloud-based, end-to-end contact center solution, powered by Amazon Web Services (AWS) for digital transformation and innovation

<table>
<thead>
<tr>
<th>Healthcare payer operations</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue (US$ million)</td>
<td>390</td>
<td>469</td>
<td>515</td>
</tr>
<tr>
<td>Number of FTEs</td>
<td>11,380</td>
<td>12,973</td>
<td>15,900</td>
</tr>
<tr>
<td>Number of clients</td>
<td>19</td>
<td>24</td>
<td>26</td>
</tr>
</tbody>
</table>

1 12 months ending December 31 of any particular year, i.e., from January 1, YYYY to December 31, YYYY
Wipro profile (page 2 of 8)
Capabilities and key clients

**FTE split by segment**
- Number of FTEs
  - 100% = 15,900

**Revenue mix by geography**
- Revenue in US$ million
  - 100% = 515

**FTE split by delivery location**
- Number of FTEs
  - 100% = 15,900

**Revenue mix by buyer size**
- Revenue in US$ million
  - 100% = 515

### Key healthcare payer operations engagements

<table>
<thead>
<tr>
<th>Client name</th>
<th>Processes served</th>
<th>Region</th>
<th>Client since</th>
</tr>
</thead>
<tbody>
<tr>
<td>A large health insurance company</td>
<td>Claims management and network management</td>
<td>North America</td>
<td>2022</td>
</tr>
<tr>
<td>A large pharmacy management company</td>
<td>Care management</td>
<td>North America</td>
<td>2022</td>
</tr>
<tr>
<td>A leading UK-based health insurance company</td>
<td>Member engagement</td>
<td>United Kingdom</td>
<td>2021</td>
</tr>
<tr>
<td>A managed care company headquartered in Long Beach, California</td>
<td>Member engagement</td>
<td>North America</td>
<td>2021</td>
</tr>
<tr>
<td>A non-profit institute for oral health</td>
<td>Network management</td>
<td>North America</td>
<td>2020</td>
</tr>
<tr>
<td>A leading blue plan</td>
<td>Claims management</td>
<td>North America</td>
<td>2018</td>
</tr>
<tr>
<td>A member-owned health insurance company</td>
<td>Member engagement</td>
<td>North America</td>
<td>2015</td>
</tr>
<tr>
<td>A not-for-profit healthcare organization</td>
<td>Member engagement</td>
<td>North America</td>
<td>2013</td>
</tr>
<tr>
<td>A leading Fortune 10 payer</td>
<td>Claims management, member engagement, network management, and risk and compliance</td>
<td>North America</td>
<td>2002</td>
</tr>
<tr>
<td>A state Medicaid for a Mid-Western US state</td>
<td>Claims management, member engagement, and care management</td>
<td>North America</td>
<td>1990</td>
</tr>
</tbody>
</table>

1 Buyer size is defined as large (>US$10 billion in revenue), medium (US$5-10 billion in revenue), and small (<US$5 billion in revenue)
# Technology solutions/tools

<table>
<thead>
<tr>
<th>Solution</th>
<th>Processes served</th>
<th>Year launched</th>
<th>Description</th>
<th>No. of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>End-to-end risk adjustment and HCC coding</td>
<td>Risk and compliance</td>
<td>2022</td>
<td>This is an AI/NLP-based HCC coding solution that automates manual coding and delivers cost savings.</td>
<td>2</td>
</tr>
<tr>
<td>Raziel health</td>
<td>Network management and care management</td>
<td>2021</td>
<td>This is a cloud-based platform that uses AI/ML to provide care to patients at home, gathering addictive patient loyalty, and true engagement. It performs real-time monitoring, collects, and curates vitals and lifestyle data at the patient and population level in order to deliver actionable, strategic insights to improve financial health for providers and health plans.</td>
<td>2</td>
</tr>
<tr>
<td>Clinical review – digitize notes bot, medical and RX ontology, and research assisted bots</td>
<td>Care management and risk and compliance</td>
<td>2021</td>
<td>It helps in the digitization of intake notes via platforms or scanned documents. It can classify information provided in medical notes through medical ontology developed on the Holmes platform. The in-built assisted bots unify authorized information for evaluating approvals or denial of claims.</td>
<td>1</td>
</tr>
<tr>
<td>Icertis</td>
<td>Network management, care management, and risk and compliance</td>
<td>2019</td>
<td>It is a contract management platform that solves the hardest contract management problems on the easiest-to-use platform. It transforms contracts into strategic business assets, giving global enterprises powerful new capabilities to maximize revenue, control costs, and manage risk.</td>
<td>2</td>
</tr>
<tr>
<td>Base™</td>
<td>All</td>
<td>2019</td>
<td>Base™ is a comprehensive BPM, embedded analytics, and project management platform that fully integrates end-to-end business operations platforms, thereby enabling agile transformation.</td>
<td>3</td>
</tr>
<tr>
<td>Provider data operation</td>
<td>Network management</td>
<td>2018</td>
<td>This solution intakes multiple format provider demographics and contract types, analyzes unstructured sources, auto cleanses, auto detects, and triages documents to network management teams, and enables virtual gatekeeping before clarifications are raised to onshore managers/SMEs. It also helps with unified synchronization of data across multiple payer platforms.</td>
<td>6</td>
</tr>
<tr>
<td>Claims and payment integrity operations</td>
<td>Claims management and risk and compliance</td>
<td>2018</td>
<td>It enables the auto-processing of claim fallouts from the auto adjudicator, auto-calculation of payable interest amount assisted, and automates research to reduce average handling time. It enhances the processing tool with unified desktop predictive inventory segregation of workable and non-workable claims, auto-correction bots for the resolution of potential underpayment/overpayment and edits predictive models (anomaly detection) for the proactive identification of potential FWA claims/payments.</td>
<td>5</td>
</tr>
<tr>
<td>Appeals – appeal intake and digitize engine, data extraction engine, and case setup bot</td>
<td>Claims management and risk and compliance</td>
<td>2018</td>
<td>This solution intakes appeals, enables detection of appeals and grievances, facilitates analysis of unstructured documents, and enables case set-up with data extraction and population on client applications.</td>
<td>1</td>
</tr>
</tbody>
</table>
### Wipro profile (page 4 of 8)
#### Technology solutions/tools

<table>
<thead>
<tr>
<th>Solution</th>
<th>Processes served</th>
<th>Year launched</th>
<th>Description</th>
<th>No. of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer Experience in a Box</td>
<td>Network management, claims management, and member engagement</td>
<td>2018</td>
<td>This solution provides a 360-degree view of the customer through a multimedia contact center and integrates seamlessly with the existing client applications.</td>
<td>6</td>
</tr>
<tr>
<td>Payer in a Box</td>
<td>All</td>
<td>2018</td>
<td>It is a solution for Medicare advantage payers to reduce cost and improve star ratings.</td>
<td>10</td>
</tr>
<tr>
<td>Provider life cycle management</td>
<td>Network management</td>
<td>2018</td>
<td>This is a National Committee for Quality Assurance (NCQA)-certified, comprehensive, and fully integrated end-to-end business operations platform and people solution to support provider credentialing operations.</td>
<td>10</td>
</tr>
<tr>
<td>Benefit administration</td>
<td>Member engagement and product development</td>
<td>2016</td>
<td>It is a testing tool used for running test claims, a bot designed to intake benefit grid/template and create coverage summary documents, intake communication/docs from customers and auto-incorporate the benefit template, intake approved benefit templates and configure benefits across multiple platforms, and intake summary plan documents for benefit interpretation, classify new or update requests, and auto-align benefit elements.</td>
<td>1</td>
</tr>
<tr>
<td>Document intake and triage</td>
<td>Member engagement, network management, claims management, care management, and risk and compliance</td>
<td>2016</td>
<td>This solution intakes, digitizes, and provides data classification for extraction and data entry across payer platforms.</td>
<td>6</td>
</tr>
<tr>
<td>Cross-functional tools – training simulator, virtual auditor, virtual SME/chat bots, and Get Next!</td>
<td>All</td>
<td>2016</td>
<td>It is a scenario-based transaction simulator with varied complexity and advanced analytics to enhance training proficiency. It is a virtual auditor enabled with logic to systematically audit 100% population versus sample size. Chatbots are used for on-time agent query resolution to ensure standardized level II to support and replace human SMEs. It is a skillset-based workflow solution that can enable real-time tracking of volume, resource utilization, productivity, and turnaround time.</td>
<td>10</td>
</tr>
<tr>
<td>HOLMES™ Solution (across payer value chain)</td>
<td>Product development, member engagement, network management, claims management, and risk and compliance</td>
<td>2016</td>
<td>It is a customizable hyper-automation solution for payer business processes. It is a platform that integrates with systems and has the ability to keep pace with new developments.</td>
<td>Across all payer customers</td>
</tr>
<tr>
<td>Encounter Data Processing System (EDPS) including RAPS module</td>
<td>Member engagement</td>
<td>2015</td>
<td>This framework assists health plans in submitting Medicare advantage, managed Medicaid, and dual demonstration of encounter data to the Centers for Medicare and Medicaid (CMS), and states. It is a CMS and Health Insurance Portability and Accountability Act (HIPAA)-compliant processing solution that manages front-end testing, end-to-end testing, and certification logistics.</td>
<td>26</td>
</tr>
<tr>
<td>AG360</td>
<td>Member engagement and risk and compliance</td>
<td>2014</td>
<td>AG360 is a comprehensive appeals, grievances, and complaint tracking module that allows clients to track cases at each stage of the process to ensure compliance and timeliness.</td>
<td>12</td>
</tr>
</tbody>
</table>
## Wipro profile (page 5 of 8)

### Technology solutions/tools

<table>
<thead>
<tr>
<th>Solution</th>
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<th>Year launched</th>
<th>Description</th>
<th>No. of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>ClaimsLink</td>
<td>Claims management and member engagement</td>
<td>2015</td>
<td>ClaimsLink is a fully cloud-based solution to automate claims processing and capitalize on the HIPAA transaction standards and required code sets. It allows clients to automate adjudication and critical operations, reducing manual workarounds or file transfers, and enable more time for member satisfaction.</td>
<td>8</td>
</tr>
<tr>
<td>Wipro Harmony</td>
<td>All</td>
<td>2014</td>
<td>This solution is a business interaction design and digitalization solution for planning, designing, executing, managing, and benchmarking business interactions, metrics, and processes.</td>
<td>Across all DOP customers</td>
</tr>
<tr>
<td>ServiceLink</td>
<td>Member engagement</td>
<td>2011</td>
<td>This solution delivers the operational knowledge and technology enablers to manage billing, reconciliation, in-force administration, and customer service. It embodies over forty years of processing expertise to drive operational efficiencies and effectively manage ongoing operational costs. It is available as a portals, web services, and mobile offering and has a cloud-based CRM interface providing a complete view of all member demographic, product coverage, billing, and member interaction information.</td>
<td>All</td>
</tr>
<tr>
<td>LoyaltyLink</td>
<td>Member engagement</td>
<td>2011</td>
<td>It is a solution that helps to increase member effectuation and retention through increased membership insights and deeper member relationships and strengthens brand loyalty via advanced analytics and member touch points.</td>
<td>8</td>
</tr>
<tr>
<td>SalesLink</td>
<td>Member engagement</td>
<td>2011</td>
<td>It enables member acquisition through precision marketing, customized messaging, and consultative in-house sales support. It increases incremental revenue through cross-selling, direct-to-consumer, brokers, and payer portals.</td>
<td>All</td>
</tr>
<tr>
<td>ExchangeLink</td>
<td>Member engagement</td>
<td>2011</td>
<td>This solution connects payers with public and private health exchanges to aggregate and process data across multiple platforms and distribution channels. It supports the federal exchange and supports the quote-to-card management process.</td>
<td>All</td>
</tr>
<tr>
<td>Enrollment and billing</td>
<td>Product development and member engagement</td>
<td>2010</td>
<td>It automates cash balancing, split, refund, reinstatement, and write-off for policies out of sync, termed, or lapsed. It enables the auto-correction of adds, updates, cancels, and terms to the enrollment system. It has a background bot to validate coverage history and an enrollment and billing error detection tool. It facilitates CMS and carrier data reconciliation for the proactive identification of premium refunds AI- and NLP-powered intake of paper apps. It enables auto-audit for all 834 and enrollment data to validate the accuracy of information before CMS transmission.</td>
<td>12</td>
</tr>
</tbody>
</table>
## Wipro profile (page 6 of 8)
### Technology solutions/tools

<table>
<thead>
<tr>
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<th>Processes served</th>
<th>Year launched</th>
<th>Description</th>
<th>No. of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member360</td>
<td>Member engagement</td>
<td>2008</td>
<td>The Member360 product focuses on providing membership enrollment and management, supported by correspondence automation and generation, TRR, CMS file reconciliation, and premium billing, among other features. The highlight of this product is that it provides a 99% first-pass acceptance rate, leading to a lesser number of rejections from CMS, with improved star ratings.</td>
<td>All</td>
</tr>
<tr>
<td>Revenue360</td>
<td>Member engagement</td>
<td>2008</td>
<td>The Revenue360 solution adds intelligence and automation to the reconciliation process. It captures various Part C and/or Part D payments, including member premium for SSA withholding, automatically applies lump sum retroactive payments split across months, calculates plan expected payments for the month, and reconciles the data every month.</td>
<td>All</td>
</tr>
</tbody>
</table>
Wipro profile (page 7 of 8)
Key delivery locations
Wipro profile (page 8 of 8)

Everest Group assessment – Leader

<table>
<thead>
<tr>
<th>Market impact</th>
<th>Vision &amp; capability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Market adoption</td>
<td>Vision and strategy</td>
</tr>
<tr>
<td>Portfolio mix</td>
<td>Scope of services offered</td>
</tr>
<tr>
<td>Value delivered</td>
<td>Innovation and investments</td>
</tr>
<tr>
<td>Overall</td>
<td>Delivery footprint</td>
</tr>
<tr>
<td>Low</td>
<td>High</td>
</tr>
</tbody>
</table>

**Strengths**

- Wipro has been able to grow its business from the BPaaS model year-on-year with the help of the platforms that it has developed. Wipro covers a large Medicare population through the services that it offers.
- The service provider has partnered with Health Edge and a leading healthcare payer operations service provider to deliver end-to-end payer in a box solution to the payers in the market.
- Wipro has made significant investments and experienced good growth over the past few years in the area of risk and compliance by offering services for HEDIS, STAR rating support, and risk and adjustment data validation. It has also developed an AI-/NLP-based automated coding solution to augment its capabilities in this segment.
- Clients cite Wipro’s ability to innovate, partnership capabilities, agility, automation, and cost effectiveness as areas of key strengths.

**Limitations**

- Although Wipro has resources present in the US, buyers have mentioned that the service provider’s reliance on offshore support leads to quality issues.
- With increased focus on member experience and quality of care, buyers are now switching to deals with an outcome-based or shared risk pricing model. Wipro has limited to no offerings in this model.
- Currently, Wipro lags in leveraging the growth in processes such as population data management and analytics and remote patient monitoring, which are emerging as important segments in the healthcare space. Wipro needs to improve on these aspects to avoid any lapses in the quality of care provided.
Appendix
Everest Group PEAK Matrix® is a proprietary framework for assessment of market impact and vision & capability

Everest Group PEAK Matrix

- **Market impact**: Measures impact created in the market
  - **Low**
  - **High**

- **Vision & capability**: Measures ability to deliver services successfully
  - **Low**
  - **High**

- **Leaders**: High market impact and vision & capability
- **Major Contenders**: High vision & capability and low market impact
- **Aspirants**: Low vision & capability and low market impact
Services PEAK Matrix® evaluation dimensions

Measures impact created in the market – captured through three subdimensions

**Market adoption**
Number of clients, revenue base, YoY growth, and deal value/volume

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

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

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

**Vision and strategy**
Vision for the client and itself; future roadmap and strategy

**Scope of services offered**
Depth and breadth of services portfolio across service subsegments/processes

**Innovation and investments**
Innovation and investment in the enabling areas, e.g., technology IP, industry/domain knowledge, innovative commercial constructs, alliances, M&A, etc.

**Delivery footprint**
Delivery footprint and global sourcing mix

**Vision & capability**
Major Contenders
Leaders
Aspirants
Everest Group confers the Star Performers title on providers that demonstrate the most improvement over time on the PEAK Matrix®

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

In order to assess advances on market impact, we evaluate each provider’s performance across a number of parameters including:
- Yearly ACV/YoY revenue growth
- # of new contract signings and extensions
- Value of new contract signings
- Improvement in portfolio mix
- Improvement in value delivered

We identify the providers whose improvement ranks in the top quartile and award the Star Performer rating to those providers with:
- The maximum number of top-quartile performance improvements across all of the above parameters AND
- At least one area of top-quartile improvement performance in both market success and capability advancement

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

Does the PEAK Matrix® assessment incorporate any subjective criteria?

Everest Group's PEAK Matrix assessment takes an unbiased and fact-based approach that leverages provider / technology vendor RFIs and Everest Group's proprietary databases containing providers’ deals and operational capability information. In addition, we validate/fine-tune these results based on our market experience, buyer interaction, and provider/vendor briefings.

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

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

What other aspects of the PEAK Matrix assessment are relevant to buyers and providers other than the PEAK Matrix positioning?

A PEAK Matrix positioning is only one aspect of Everest Group’s overall assessment. In addition to assigning a Leader, Major Contender, or Aspirant label, Everest Group highlights the distinctive capabilities and unique attributes of all the providers assessed on the PEAK Matrix. The detailed metric-level assessment and associated commentary are helpful for buyers in selecting providers/vendors for their specific requirements. They also help providers/vendors demonstrate their strengths in specific areas.

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

- Enterprise participants receive summary of key findings from the PEAK Matrix assessment
- For providers
  - The RFI process is a vital way to help us keep current on capabilities; it forms the basis for our database – without participation, it is difficult to effectively match capabilities to buyer inquiries
  - In addition, it helps the provider/vendor organization gain brand visibility through being included in our research reports

What is the process for a provider / technology vendor to leverage its PEAK Matrix positioning?

- Providers/vendors can use their PEAK Matrix positioning or Star Performer rating in multiple ways including:
  - Issue a press release declaring positioning; see our citation policies
  - Purchase a customized PEAK Matrix profile for circulation with clients, prospects, etc. The package includes the profile as well as quotes from Everest Group analysts, which can be used in PR
  - Use PEAK Matrix badges for branding across communications (e-mail signatures, marketing brochures, credential packs, client presentations, etc.)
  - The provider must obtain the requisite licensing and distribution rights for the above activities through an agreement with Everest Group; please contact your CD or contact us

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

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