



HFS Horizons Report

Healthcare Payer Service Providers, 2022

An assessment of healthcare payer service providers by “Why, What, How, and So What”

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AUTHORS:

Rohan Kulkarni, Practice Leader, Healthcare and Life Sciences Research
Mayank Madhur, Associate Practice Leader

Excerpt for Wipro



Healthcare markets are shifting as funding shifts from fully funded commercial insurance to self-insured employers led while care delivery paradigms evolve, unleashing a generational opportunity for service providers in the US and globally.

Rohan Kulkarni, Practice Leader, Healthcare and Life Sciences Research



Healthcare payers have visibility across the end-to-end value chain, helping firms understand consumer care better, which can help reimagine the overall healthcare (payer+provider) value chain.

Mayank Madhur, Associate Practice Leader

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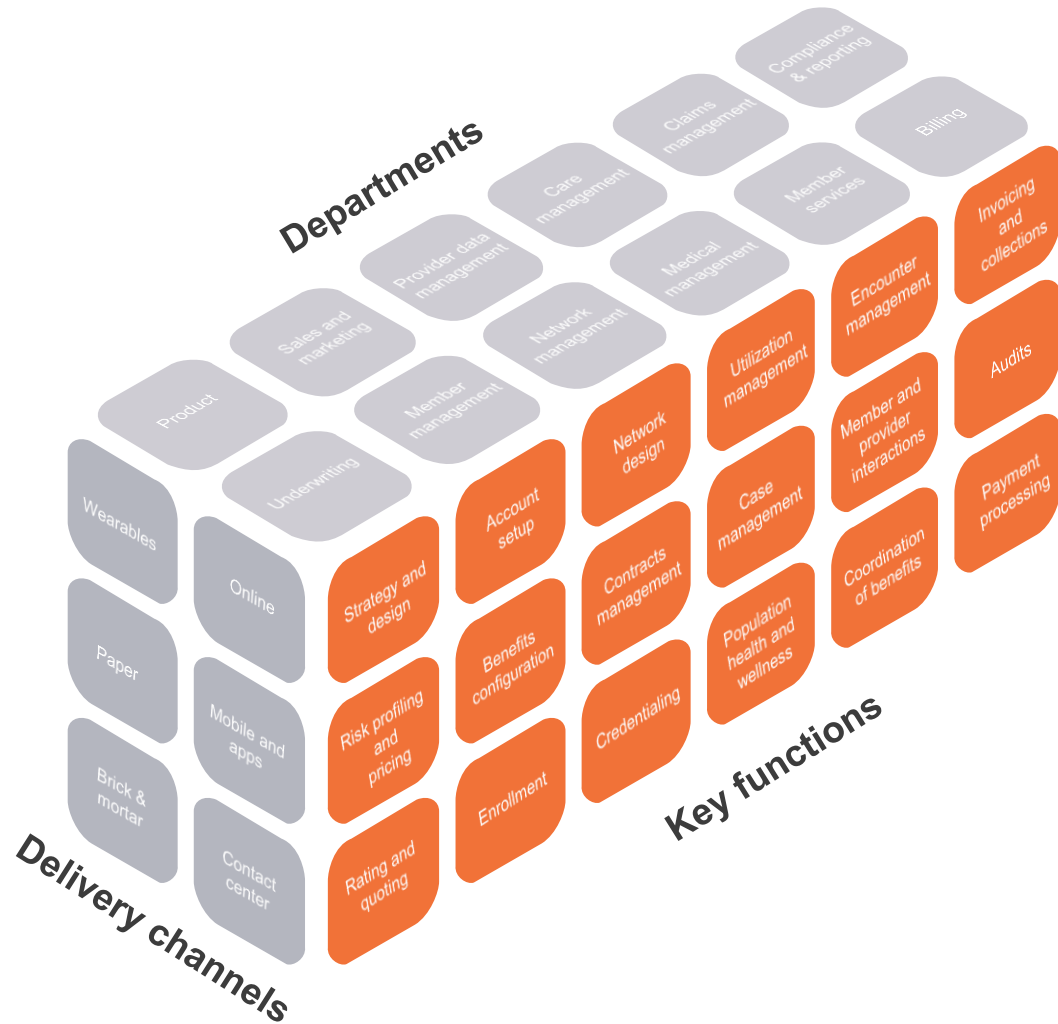
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Introduction and the HFS value chain

Introduction

- Healthcare funding in the US is now predominantly underwritten by the government (Medicare and Medicaid) and self-insured employers, a significant shift away from fully insured commercial plans, driven by different care delivery models taking shape, changes in life expectancy, and evolving consumer expectations.
- The end of the pandemic has intersected with uber-inflation and a political climate that could see a reduction in government coverage, which could exacerbate the deteriorating economic environment as layoffs become commonplace. Elsewhere in the world, governments are stepping up their efforts to address healthcare challenges, such as in India with Ayushman Bharat or the proliferation of health insurance in different parts of the Middle East.
- The HFS Horizons: Healthcare Payer Service Providers 2022 report examines service providers' role in the health insurance industry. We assessed and rated the healthcare service capabilities of 21 service providers across dimensions addressing “Why, What, How, and So What.”
- We based the assessment of services for health plans worldwide based on their underwriting, e.g., commercial, government, and self-insured employer.
- This report includes detailed profiles of each service provider, outlining their horizon placement, provider facts, and detailed strength and development opportunities.
- The report specifically focuses on industry-specific capabilities for service providers as defined in our value chain. It does not focus on horizontal IT or BPS services such as application management or finance and accounting outsourcing, which may be delivered to health plans.

21st-century value chains must adapt to multi-dimensional challenges



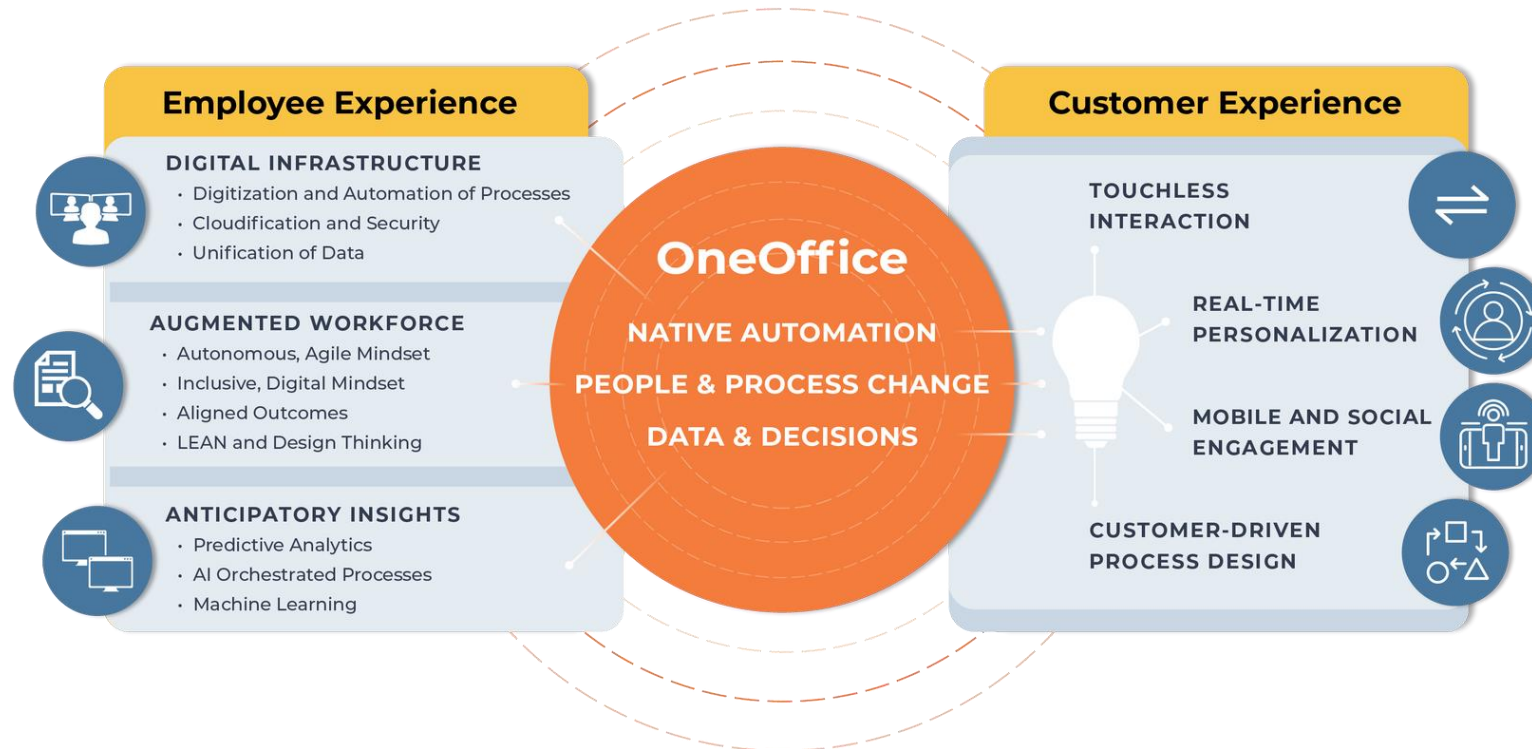
Digital manifestation: Typical linear value chains reflect analog business paradigms vs. representing a multi-dimensional digital delivery mechanism fit for the 21st century.

OneOffice™: The multi-dimensional value chain makes OneOffice intrinsic to its delivery capability.

Iterative transformation: Digital reimagination can be effectively driven through industry value chains by making iterative and sustainable changes across multiple dimensions.

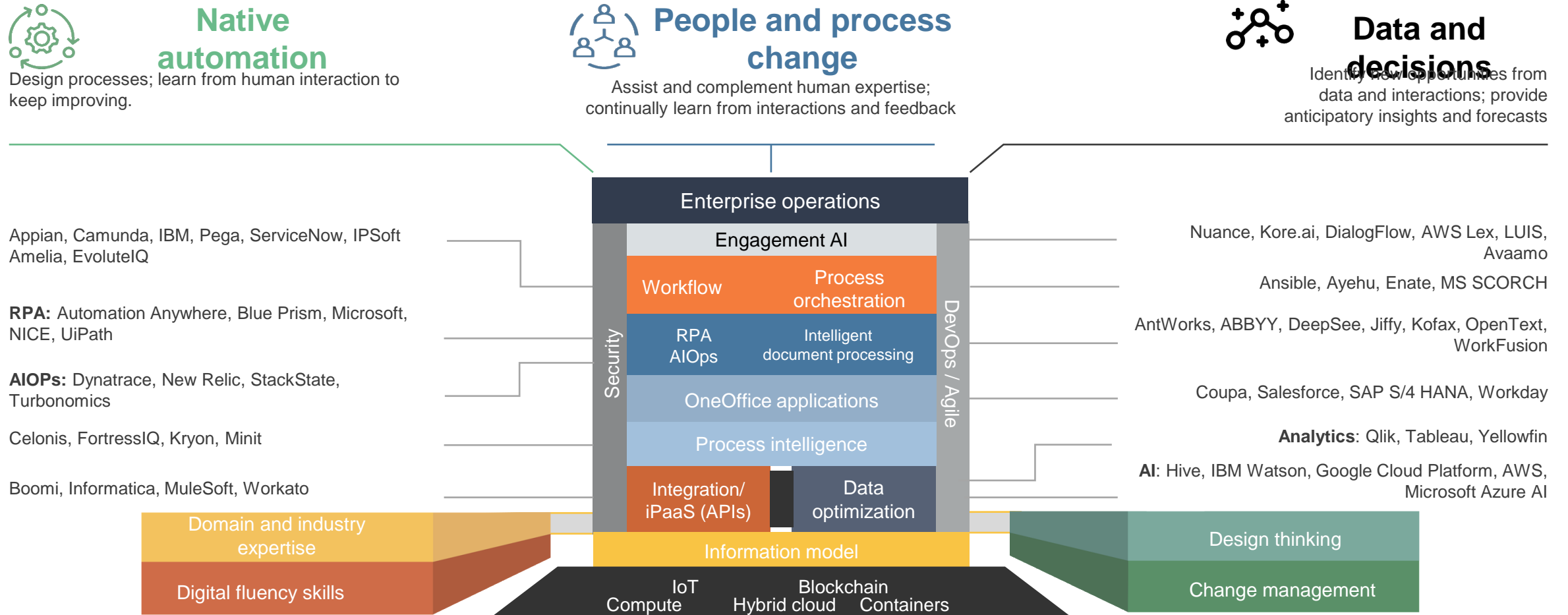
The HFS OneOffice™ — digital transformation in action

The HFS OneOffice™ is our vision for actionable digital transformation. At its heart is the core concept that emerging technologies combined with people, process, and data innovation can break down the silos that limit our success, dissolving barriers between the front and back office to create the only office that matters—OneOffice. It represents a mindset shift to collaborative cross-functional enterprise operations powered by an integrated stack of emerging tech that complements your core, natively automates your processes, enables your employees and customers, and powers your decisions—breaking down your legacy silos in the process.



Source: HFS Research, 2022

The OneOffice emerging tech platform — powering the journey to the OneOffice



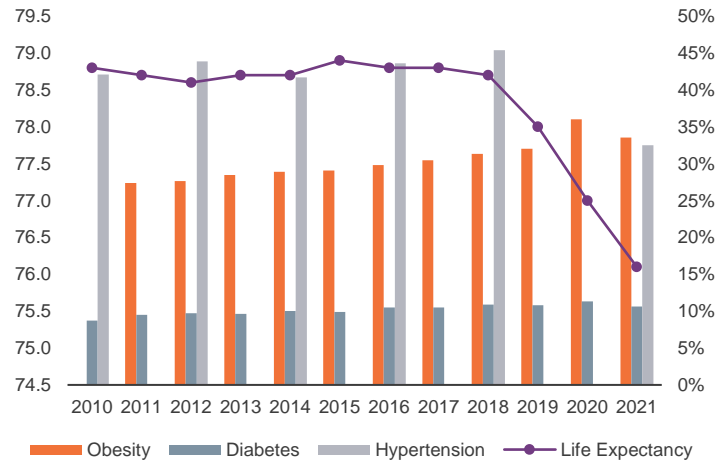
Source: HFS Research, 2022, examples are representative

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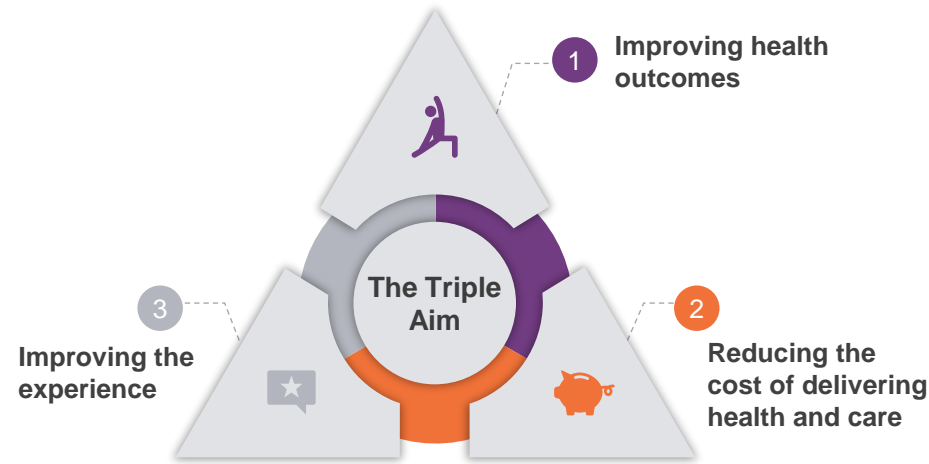
Market dynamics

All the attributes of the triple aim of care are heading in the wrong direction in the US...

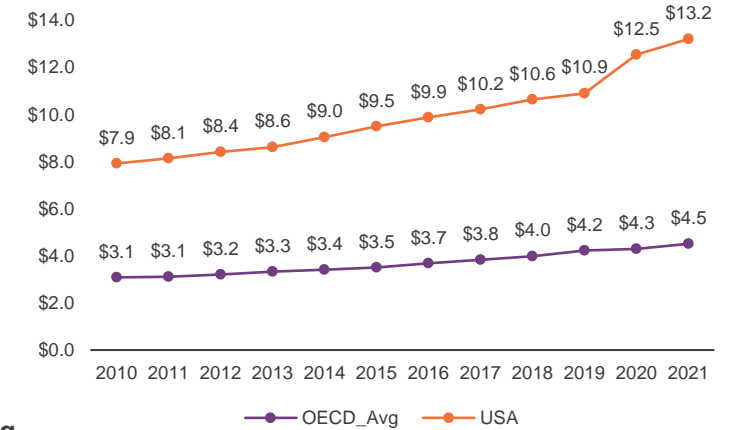
Life expectancy and chronic conditions over time



Source: CDC



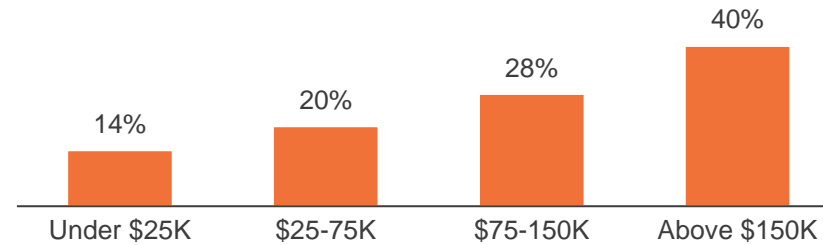
Annual per capita health spending: USA vs. OECD



Source: OECD

Net increase in satisfaction by household income

Percentage of respondents



Sample: 2,411 US healthcare consumers
Source: HFS Research, 2022

...attracting participants across multiple heritages to develop and deliver innovative and effective solutions



IT services led

- Augmenting core with consulting
- Underwriting risk
- Constrained to tactical KPIs



Consulting led

- Augmenting core with platforms
- Leveraging C-suite connections
- Willing to go beyond tactical KPIs



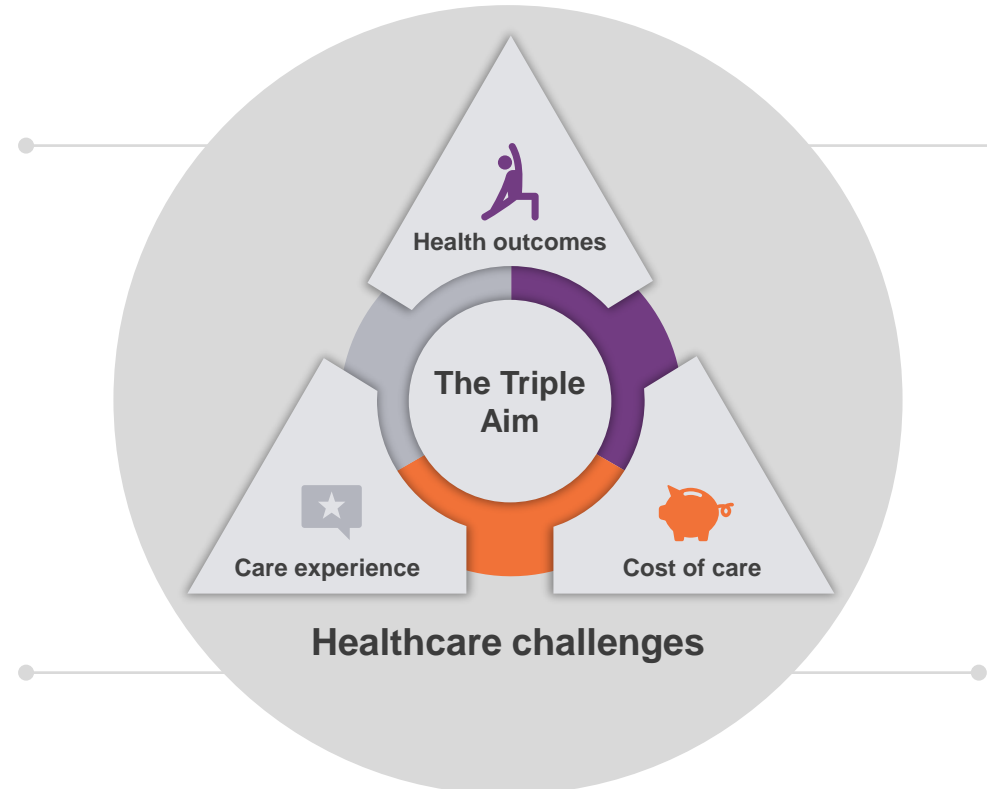
BPO services led

- Transactional services
- Limited platforms or technologies
- Tactical KPIs



Healthcare focus led

- Consulting, platforms, services
- Leveraging domain depth and expertise
- Creative contracts



Executive summary

- 1 Shifting market**

Funding for healthcare in the US has been shifting from fully funded commercial insurance to self-insured employer and government programs steadily for several years. Government (state and federal) and large employers have become the largest underwriters of medical risk. Consequently, traditional health insurance companies are changing from financial institutions to service providers. This fundamental shift will continue to strengthen co-opetition between health plans and service providers, requiring a different solution portfolio and go-to-market to address the evolving needs of a reconfigured market.
- 2 Connected enterprises and vertical integration**

The shifting markets are forcing healthcare enterprises (payers and providers) and new entrants to create new business models that require a new level of vertical integration. Integrated delivery networks (IDN) such as Kaiser Permanente and UPMC have shown that the power of vertical integration through proliferation across the healthcare ecosystem has been limited. However, a new wave of vertical integration is reimagining how synergies could redefine the value proposition. This will require service providers to rethink their solution portfolio and go-to-market.
- 3 Disruption of health insurance**

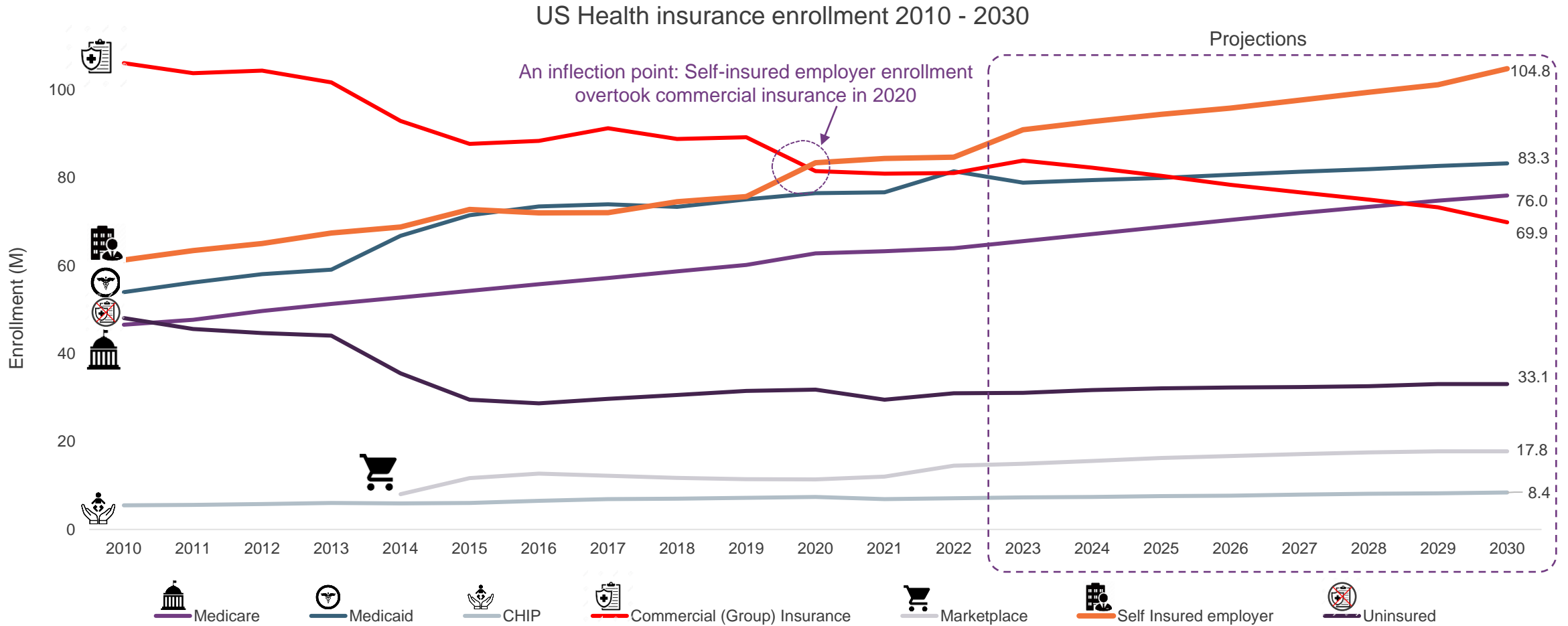
Digital-health-enabled primary care, a class of primary care that is delivered virtually and in person with varying degrees of specialization (women's health, mental health, urgent care), often with a formulary and offered on a monthly subscription basis between \$50 and \$150 per person, is proliferating rapidly. Given consumers use primary care the most compared to acute care, these affordable plans could mean not needing health insurance for primary care.
- 4 Blurring industry lines**

Traditional lines forming the healthcare ecosystem and the broader industry are blurring as more non-traditional entities (big tech, financial services, grocery chains) enter healthcare. These entities are driven by the economic opportunities of US healthcare spending of \$4 trillion annually and the genuine desire to change what is not working. These entrants offer service providers an opportunity to expand their solution portfolio and go-to-market to potentially accelerate their growth.
- 5 For-purpose value chain**

Healthcare provider choices are driven by the funding mechanism—health insurance. In 2020, enrollment in self-insured employers surpassed enrollment in plans underwritten by health insurers. It is likely that self-insured employers will seek direct-to-provider contracts both for [primary \(digital health enable virtual care\)](#) and acute care (VBC, center of excellence) to drive improved employee productivity instead of just reactive care. The shift in this market dynamic could make a positive change in aligning HCPs to health vs. just volume-driven sick care.
- 6 Regulations**

[Price transparency for HCPs means chargemaster on Google](#). Perhaps not immediately, but most certainly in the next three years, HCPs will continue to be under pressure to manage their financials and will be on the lookout for creative contracting (direct to employer), elimination of middle parties (forget claims processing by health plans), and expansion of their value proposition (think community orientation and health). Service providers need to invest in blue-sky thinking to direct and meet HCPs there instead of just addressing today's problem.

Healthcare coverage configuration has evolved, and it will continue to change materially over the coming decade

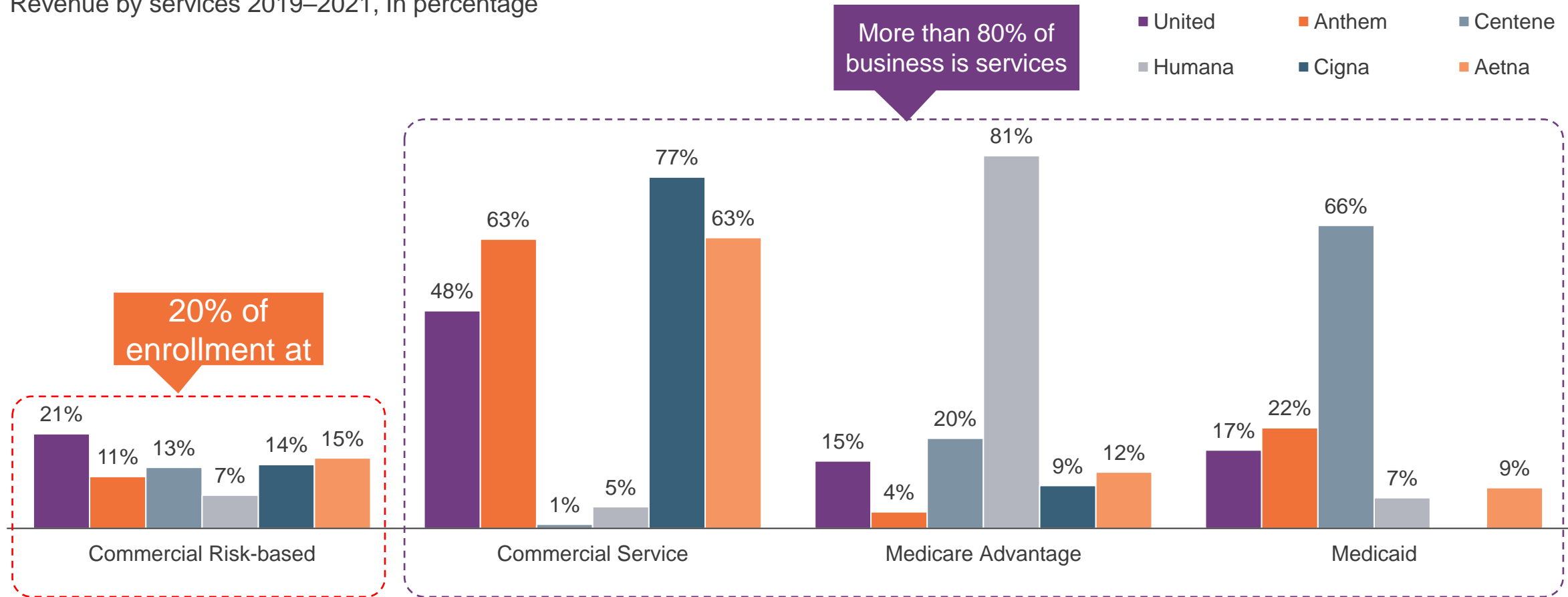


Data: CMS, US Dept of Labor, CBO, Kaiser Family Foundation
 Source: HFS Research, 2022

Health plans are now essentially a services business competing with service providers

At risk vs. administrative services at the six largest publicly traded health plans

Revenue by services 2019–2021, In percentage



Data: Company 10K reports
Source: HFS Research, 2022

Healthcare enterprises are driving extensive vertical integrations that offer service providers new opportunities

Health plan – care delivery integration (sample)

	Service lines	Optum United Healthcare	HIGHMARK Allegheny Health Network	GUIDEWELL Florida Blue	CVS aetna	Cigna EVERNORTH	Humana Kindred
Health plan and payer services	Insurance	✓	✓	✓	✓	✓	✓
	Medicare	✓	✓	✓	✓	✓	✓
	Medicaid	✓	✓	✓	✓	✓	✓
	Pharmacy benefit management (PBM)	✓			✓	✓	✓
	Provider-sponsored plans						
	Employer	✓	✓	✓	✓	✓	✓
	Health IT	✓	✓	✓			
	Healthcare services	✓		✓	✓	✓	✓
Care delivery	Accountable care organizations (ACO)	✓					
	Primary care	✓	✓	✓	✓		✓
	Rehab						✓
	Acute care	✓	✓	✓			
	Pharmacy	✓			✓	✓	✓
	Home care	✓					✓
	Health and wellness	✓	✓	✓	✓		

- Healthcare enterprises are redefining value as consumer expectations evolve and financial pressures escalate.
- Consequently, they are accelerating integration across the payer and provider ecosystems to address the changing market dynamics.
- With increasing control of the ecosystem, they expect to influence the triple aim of care (cost of care, health outcomes, and experience of care) in a real and sustainable manner.
- Vertical integration is also providing healthcare enterprises the opportunity to replace revenues they are losing due to competition and shrinking margins.

Source: HFS Research, 2022

Subscription-based digital-health-enabled primary care can disrupt health insurance for primary care

	Individual insurance plans		Subscriptions
	Typical	High deductible (HDHP)	Individual
Average annual premiums	\$5,256	\$1,632	
Average deductibles	\$1,945	\$1,700	
Average subscription			\$900
Total cost to consumer	\$7,201	\$3,332	\$900

- According to the Kaiser Family Foundation, the average health insurance benchmark premium (silver plan) on the US exchange marketplace is \$438 per month in 2022; the average deductible is \$1,945.
- Health consumers can choose the combination of subscription-based primary care and a high deductible health plan (HDHP) that could translate into a savings of about \$3,000, or 40% lower than the benchmark plan for an individual.

Digital health primary care is about to disrupt health plans

Data: Kaiser Family Foundation, Government Employees Health Association (GEHA)
Source: HFS Research, 2022

Increasing proliferation of non-traditional healthcare enterprises is a new market for service providers

4. Blurring of industry lines

Big Tech



Financial



Grocery



Other

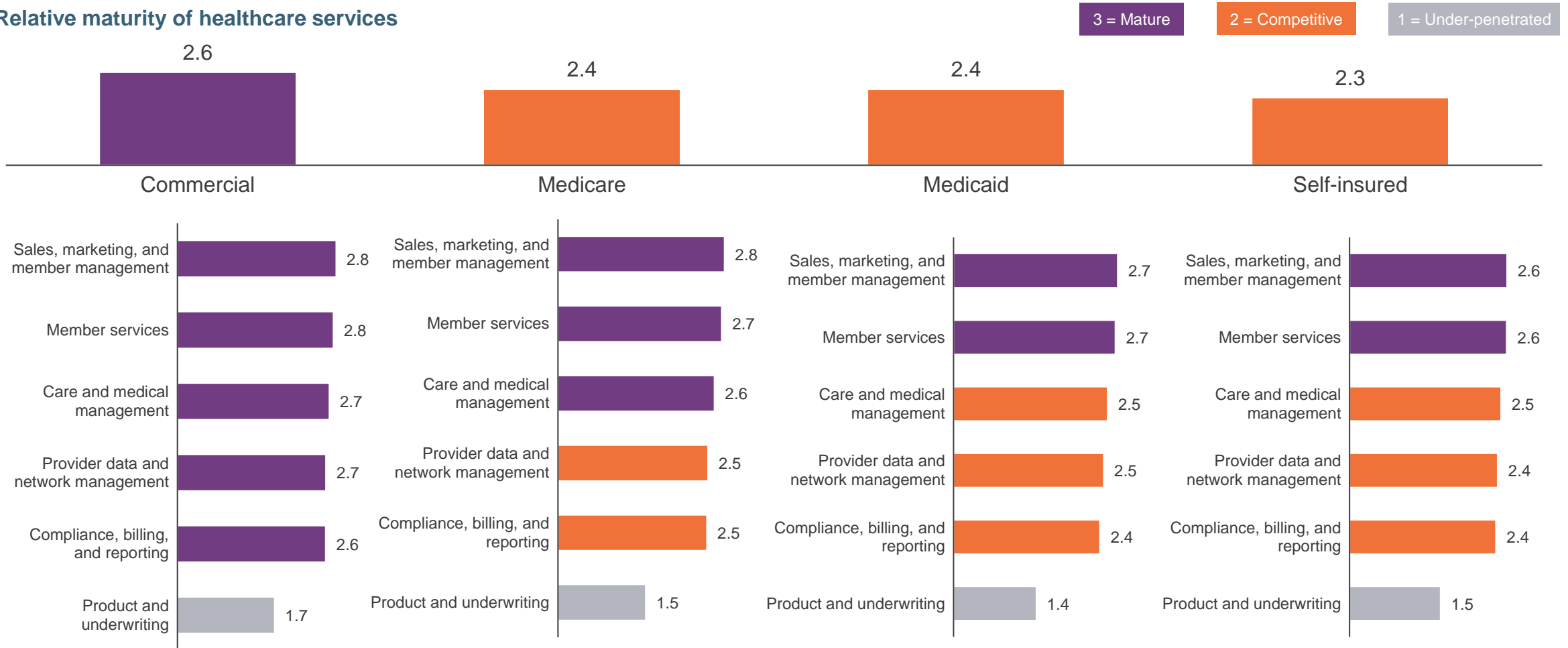


- The \$4 trillion US healthcare market is attractive given the opportunities due to inefficiencies, poor outcomes, and increasing costs.
- Consequently, enterprises across various industries like big tech, financial services, grocery, and others have begun to make investments to address some of the healthcare opportunities.
- While the investments and value propositions are evolving by enterprise, there are encouraging signs of positive disruptions ([Amazon's acquisition of One Medical](#)).
- This market segment of disrupters is likely to be both exciting and material in its influence on the healthcare markets.

Source: HFS Research, 2022

Healthcare-aligned service providers are generally mature, with some greenfield opportunities

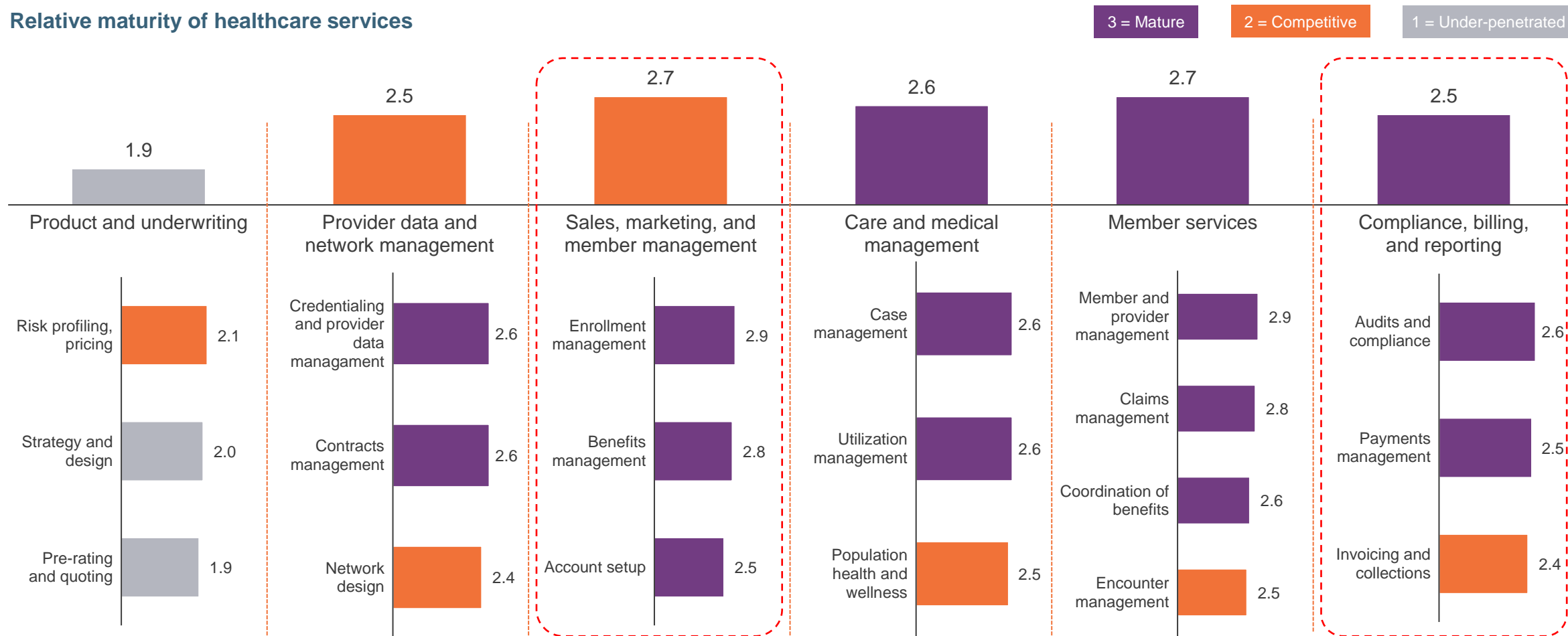
Relative maturity of healthcare services



Sample: 16 out of 21 service providers covered in this report
Source: HFS Research, 2022

Service providers are predominantly mature, with services in the middle and back office with opportunities in the front office

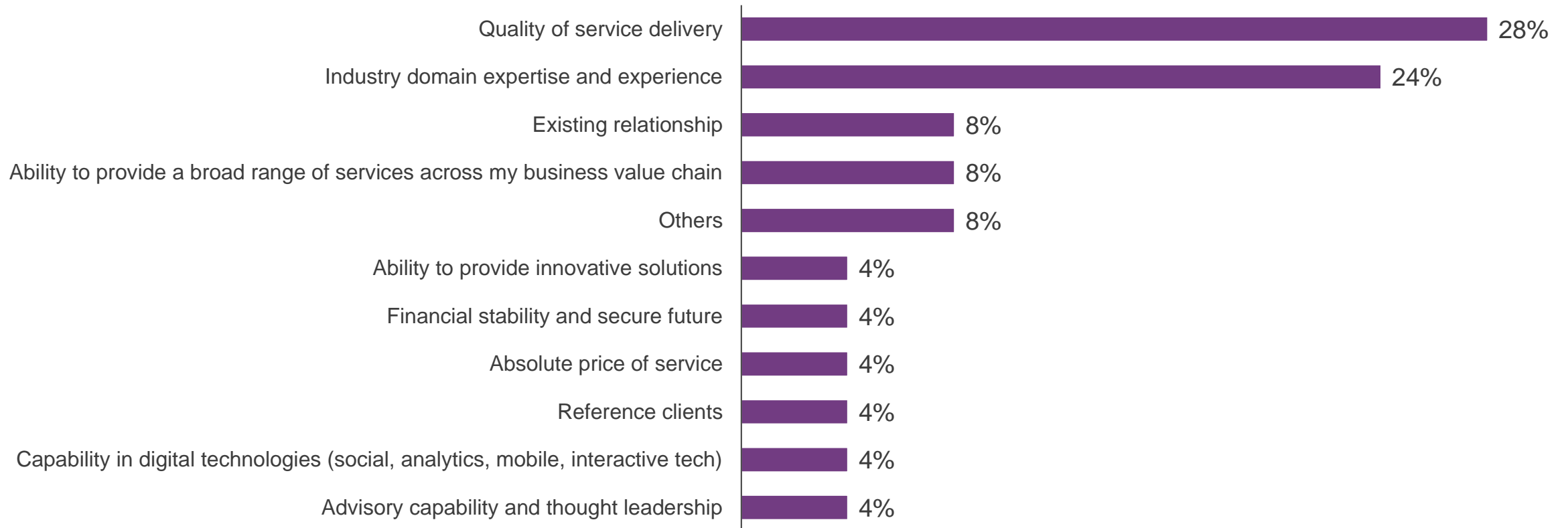
Relative maturity of healthcare services



Sample: 16 out of 21 service providers covered in this report
Source: HFS Research, 2022

Quality of service delivery, expertise, and experience hold the most importance for health plans when selecting their provider

Which of the following options was the singularly most important when selecting this provider?



Sample: Healthcare reference survey, n = 25
Source: HFS Research, 2022

3

Research methodology

21 service providers covered in this report

 **accenture**

 **cognizant**

 **Capgemini**

Deloitte.

 **EMIDS**

EXL

 **EY**

 **firstsource**

 **genpact**

HCL

 **Infosys**
Navigate your next

 **KPMG**

 **Mphasis**
The Next Applied

NTT DATA

Optum

 **pwc**

 **tcs** TATA
CONSULTANCY
SERVICES

**U
S
T**

virtusa

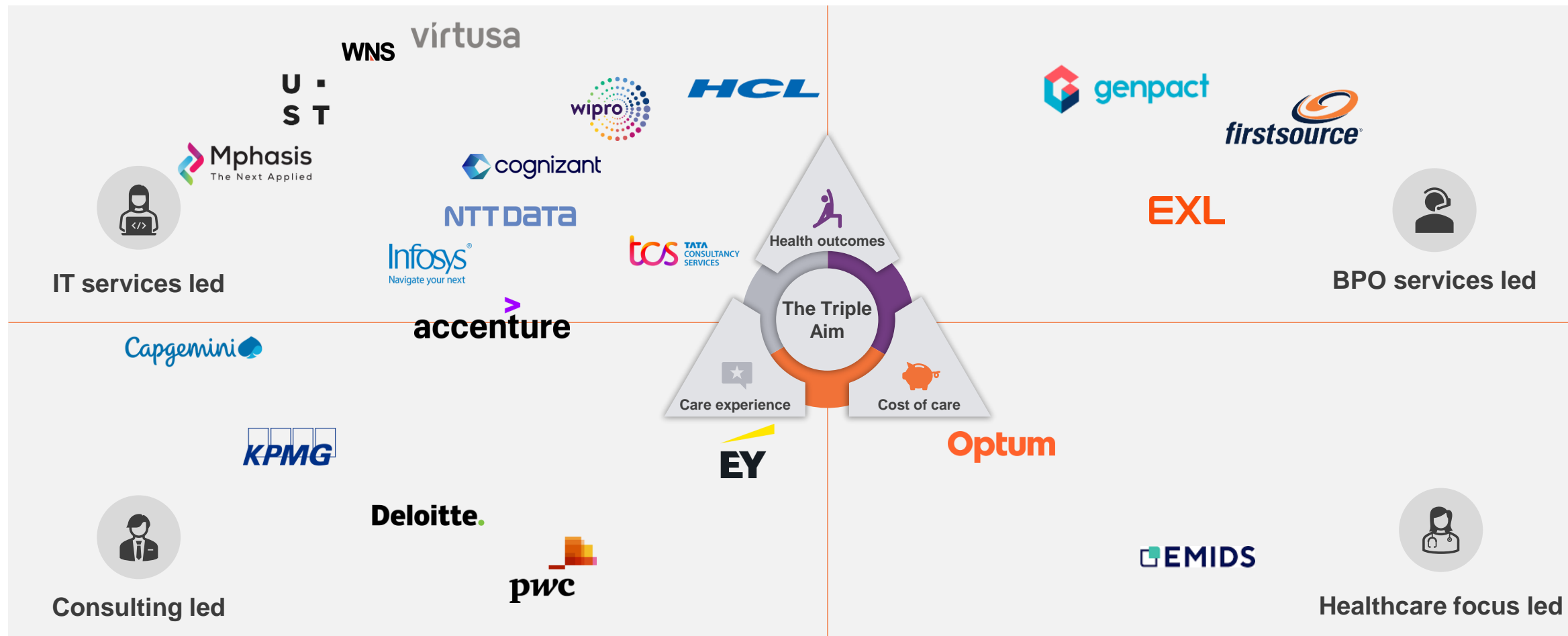
WNS

 **wipro**

Note: All service providers are listed alphabetically

The ability to influence the triple aim of care and grow sustainably is enabled by service provider core competency and orientation

Ability to influence the triple aim of care is reflected by the proximity to the center



Sources of data

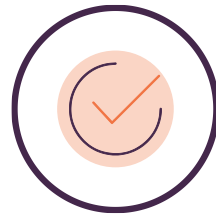
This report relied on myriad data sources to support our methodology and help HFS obtain a well-rounded perspective on the healthcare services capabilities of the providers covered in our study. Sources are as follows:



RFIs and briefings

Each participating vendor completed a detailed **RFI**.

HFS conducted **briefings** with executives from each vendor.



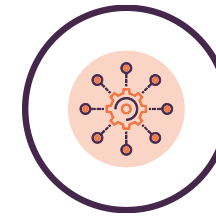
Reference checks

We conducted reference checks with **30+ active clients** of the study participants via phone-based interviews and detailed surveys.



HFS vendor ratings

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.



Other data sources

Public information such as press releases and websites.

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

Assessment methodology

The HFS Horizons: Healthcare Payer Service Providers, 2022 report evaluates providers' capabilities across a range of dimensions to understand the Why, What, How, and So What of their healthcare services offering.

		Assessment dimension (weighting)			
		Value proposition: The Why? (25%)	Innovation capabilities: The What? (25%)	Go-to-market strategy: The How? (25%)	Market impact: The So What? (25%)
Distinguishing service provider characteristics	Horizon 3	<ul style="list-style-type: none"> Impacting the triple aim of care (cost, health outcomes, and experiences) Breaking down the barriers to connect the healthcare ecosystem and bridging the healthcare ecosystem Optimizing the value chain 	<ul style="list-style-type: none"> Creating the next-generation value chain Enabling technologies intelligently Designing creative commercial models Transcending the line-item solution Addressing adjacencies 	<ul style="list-style-type: none"> Value and outcome-based solutions and services Co-innovate and co-create scalable solutions Ecosystem plays Thought leadership 	<ul style="list-style-type: none"> Scale and growth of Healthcare payer-native services Demonstrable client case studies Voice of the customer
	Horizon 2	<ul style="list-style-type: none"> Horizon 2+ Ability to drive "One Ecosystem" approach by finding completely new sources of value Ability to reduce cost of healthcare delivery, improve the experience of care (providers and members), and influence health outcomes Ability and willingness to address new or adjacent markets 	<ul style="list-style-type: none"> Horizon 2+ Strategy and execution capabilities at scale Sophisticated capabilities across all value creation levers: talent, domain, technology, data, and partnerships with healthcare-specific players A culture of innovation to develop IP Adopting emerging tech to address complex industry challenges 	<ul style="list-style-type: none"> Horizon 2+ Majority of outcome-based contracts or other creative contracts driven through leading solutions and healthcare expertise Delivering healthcare specific transformation Consistently co-innovating or co-inventing with healthcare enterprises 	<ul style="list-style-type: none"> Horizon 2+ Referenceable and satisfied clients driving new business models based on the partnership
	Horizon 1	<ul style="list-style-type: none"> Horizon 1+ Ability to drive "OneOffice" mindset to break down the barriers imposed by the value chain Ability to reduce the cost of healthcare delivery and improve the experience of care (providers and members) 	<ul style="list-style-type: none"> Horizon 1+ Ability to support clients on their healthcare transformation journey Global capabilities with strong consulting skills and partnerships with all major players (industry agnostic) Platform assets-built ground up + augmented through inorganic assets 	<ul style="list-style-type: none"> Horizon 1+ Addressing outcomes through proprietary or industry standard technologies (platforms, applications) driven through domain experience driving enterprise business transformation Underwriting risk of implementations and technology enablement 	<ul style="list-style-type: none"> Horizon 1+ Referenceable and satisfied clients for ability to innovate
		<ul style="list-style-type: none"> Ability to drive digital transformation to digitize legacy processes Reduce cost of healthcare delivery 	<ul style="list-style-type: none"> Primarily focused on implementation Offshore-focused execution with strong technical skills and partnerships 	<ul style="list-style-type: none"> Addressing legacy processes (claims, call center) and tactical operational challenges for health plans Delivering functional transformation 	<ul style="list-style-type: none"> Referenceable and satisfied clients for ability to execute

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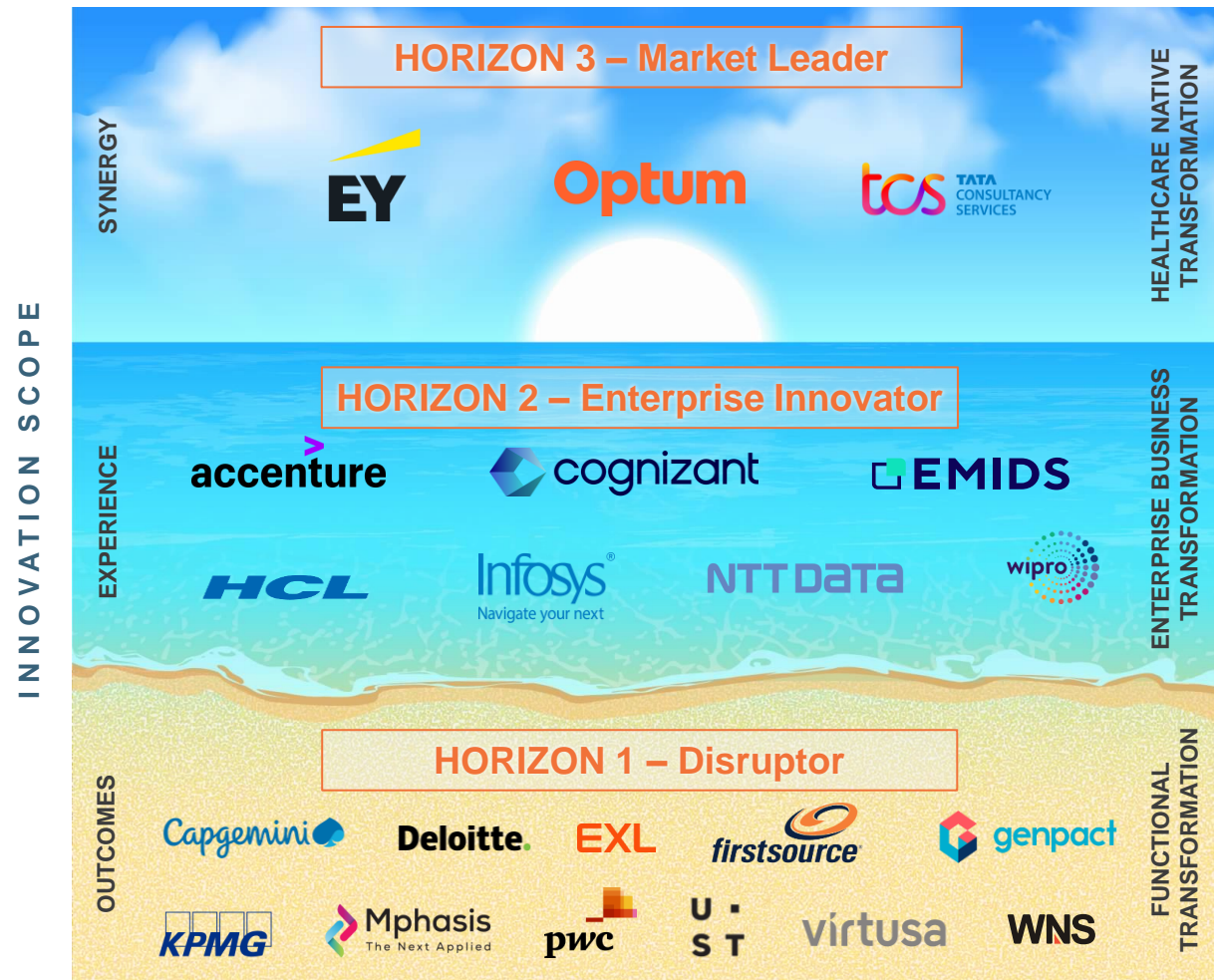
Horizons results: Healthcare payer service providers, 2022

HFS Horizons healthcare payer service providers — summary of providers assessed in this report

Providers (alphabetical order)	HFS point of view
Accenture	Humanizing healthcare is central to grounding digital to outcomes that matter
Capgemini	Driving differentiation by addressing challenges at the intersection of funding and care delivery
Cognizant	Enabling intuition engineering to anticipate and address needs digitally
Deloitte	Health equity at the core of addressing evolving market needs
Emids	Punching over its weight across segments with a bias toward engineering sustainable solutions
EXL	Smartly leveraging the immense power of analytics across clinical and financial processes
EY	Digitally delivering the future of wellness
Firstsource	Accelerating the development and proliferation of digital solutions with a focus on the triple aim of care
Genpact	Strength in transforming core legacy processes to help health plans drive better outcomes
HCL	Intersecting innovation and execution to address the current and the future with digital strengths

Providers (alphabetical order)	HFS point of view
Infosys	A pivot to AI-based, platform-driven services attracts success
KPMG	Brand strength drives opportunities
Mphasis	Powered by creative commercial constructs driven by delivery successes
NTT DATA	Driving strong at the intersection of innovation and execution
Optum	Depth and breadth of capabilities powers outcomes across all attributes of the triple aim
PwC	Impacting the triple aim of care globally through advisory services
TCS	Empathy-driven digital delivery enables addressing all attributes of the triple aim
UST	Strong legacy admin delivery with the assets to drive IoT and emerging tech possibilities
Virtusa	Serving healthcare through its expertise in digital engineering
Wipro	A solutions portfolio second to none, built digitally and delivered across modalities
WNS	Increasing sophistication of healthcare digital solutions allows WNS to punch above its weight class

HFS Horizons — healthcare payer service providers' positioning



Note: All service providers within a “Horizon” are listed alphabetically

Horizon 3—Healthcare native transformation providers demonstrate

- Horizon 2+
- Ability to drive the “One Ecosystem” approach by finding completely new sources of value specific to healthcare
- Ability to reduce the cost of healthcare delivery, improve the experience of care (providers and members), and influence health outcomes
- Ability and willingness to address new and adjacent market strategy and execution capabilities at scale
- Sophisticated capabilities across all value creation levers: talent, domain, technology, data, and partnerships with healthcare-specific players
- A culture of innovation to develop IP
- Adopting emerging tech to address complex industry challenges
- Majority of outcome-based contracts or other creative contracts have driven through leading solutions and domain expertise
- Consistently co-innovating or co-inventing with healthcare enterprises
- Referenceable and satisfied clients driving new business models based on the partnership

Horizon 2—Enterprise business transformation providers demonstrate

- Horizon 1+
- Ability to drive a “OneOffice” mindset to break down the barriers imposed by the value chain
- Ability to reduce the cost of healthcare delivery and improve the experience of care (providers and members)
- Ability to support clients on their healthcare transformation journey
- Global capabilities with strong consulting skills and partnerships with all major players (industry agnostic)
- Platform assets-built ground up + augmented through inorganic assets
- Addressing outcomes through proprietary and or industry standard technologies (platforms, applications) driven through domain experience
- Underwriting risk of implementations and technology enablement
- Referenceable and satisfied clients for the ability to innovate

Horizon 1—Functional transformation providers demonstrate

- Ability to drive digital transformation to digitize legacy processes
- Reduce cost of healthcare delivery
- Primarily focused on implementation
- Offshore-focused execution with strong technical skills and partnerships
- Addressing legacy processes (claims, call center) and tactical operational challenges for health plans
- Referenceable and satisfied clients for ability to execute

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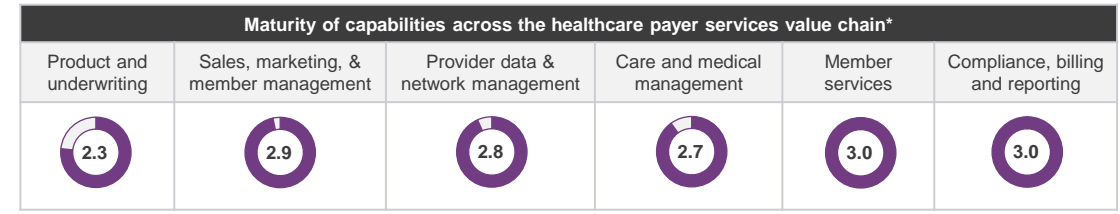
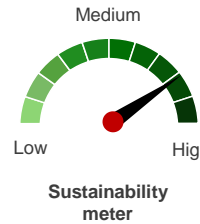
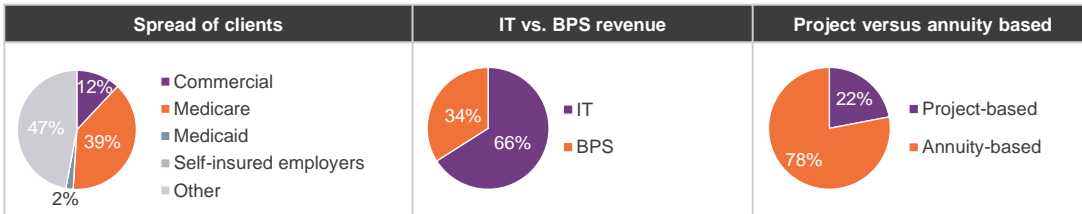
Wipro profile: Healthcare payer services

Wipro: A strong solutions portfolio built digitally and delivered across modalities



Strengths	Development opportunities
<ul style="list-style-type: none"> Organization: Wipro's organizational structure is based on four strategic marketing units (Americas 1, Americas 2, Europe, and APMEA) and two global business lines (iDEAS and iCORE). The healthcare payer services domain is part of Americas 1. It's an organizational structure aligned to client accounts to keep Wipro focused on client needs. Growth: Wipro has seen strong growth across its individual commercial, Medicare, and Medicaid business, growing above market over the last 3 years. Its strong client base across markets gives it considerable leverage to power its growth on the strength of a diverse solutions portfolio. Capabilities: Wipro has taken a holistic approach to developing a comprehensive solutions portfolio consisting of platforms, applications, and "as-a" services. It leveraged its acquisitions, venture funded investments in start-ups, and has a robust ecosystem of enterprise and healthcare specific partnerships. Talent management: A three-pronged approach of attracting industry experience, domain-focused training, and crowdsourcing with Topcoder addresses strengthening domain expertise and delivery. Outcomes: Wipro focuses on costs and experience and the vision for its healthcare business. As such, its success metrics include net promoter score, impact on Star Ratings, cost of care, speed to deliver digital transformation, and its delivery against those KPIs is strong. Voice of the customer: Clients appreciate Wipro's reliability, fair pricing, and willingness to continuously improve. 	<ul style="list-style-type: none"> Organization: Wipro's organization combines healthcare (insurance and care delivery) with medical devices. Given med-devices is part of the life sciences market, it would be better aligned to Wipro's strong life sciences segment. Growth: Wipro must explore new market segments, such as self-insured, as legacy markets it operates in are slowing or declining. Talent management: Wipro must explore other differentiators as the market for top talent will continue to tighten, and past approaches are unlikely to earn the same successes. Outcomes: Wipro must consider focusing on health outcomes to augment cost and experiences as the demands of the market pivot toward whole health paradigms. Voice of the customer: Clients expect Wipro to communicate better when resolving issues and developing new products. There are concerns about its talent management and delivery from some of its partners.

Mature ● Emerging ◐ Not a focus ○



Relevant acquisitions and partnerships	Key clients	Global operations and resources	In-house platforms and tools
<p>Recent acquisitions (post 2020)</p> <ul style="list-style-type: none"> Edgile: Cybersecurity consulting provider with deep healthcare expertise (2021) Ampion: Provides cyber security, DevOps, and quality engineering services (2021) <p>Partnerships</p> <ul style="list-style-type: none"> Innovaccer, HealthEdge, Medversant, Highroads, Reltio, Change Healthcare, CAQH (provider data validation), Inovalon, Kepro, LexisNexis, Plexis, Get Insured, Raziel Health, RMDY, Medidata, Mastercard Health, Imanis Data, Analytics Engines and PCF 	<p>Number of healthcare payer service clients: 130+</p> <p>Of the top healthcare payer service providers, Wipro serves</p> <ul style="list-style-type: none"> UHG Cigna Humana Anthem State of Missouri Wellmark Kaiser Permanente LA Care DentaQuest Healthfirst 	<p>Healthcare payer services headcount: 17,000+ (overall Healthcare)</p> <p>Delivery locations</p> <ul style="list-style-type: none"> US: 10 delivery centers Europe: 2 delivery centers South Africa: 1 delivery center Middle East: 2 delivery centers India: 11 delivery centers Philippines: 2 delivery centers Australia: 2 delivery centers Mexico – 2 delivery centers <p>Wipro has also invested in healthcare COEs worldwide, including 10 centers in Missouri, Florida, Atlanta, New York, Puerto Rico, Delhi, Bengaluru, Mumbai, Manila, and Cebu 32 innovation centers, COEs, and digital pods worldwide</p>	<ul style="list-style-type: none"> Medicare Advantage 360: Helps clients achieve efficiency and compliance. Wipro's ACA end-to-end platform: For exchange integration, enrollment, billing, customer service, and payment processing for on-exchange individuals (Affordable Care Act). Wipro's ACA ServiceLink Portal: A cloud-based CRM interface providing a complete view of all member demographics, product coverage, billing, and member interaction information. Wipro Medicaid Enterprise Management System (MEMS): Enterprise Medicaid as a Service (EMaaS) solution future-proofs Medicaid systems. Wipro Qcare: Automated system with the ability to manage wide a variety of payers, including managed care, Medicare Advantage, HMP, Medicaid managed care, PPO, and Indemnity plans. Beacon Claims Platform: End-to-end claims processing system offered as BPaaS and PaaS solution in the commercial segment and ASO segment. Medicare EDPS solution: Powerful encounter processing tool. Align Platform: Platform for servicing policy and administering benefits.

6

HFS Research authors

HFS Research authors



Rohan Kulkarni

Practice Leader – Healthcare and Life Sciences Research

rohan.kulkarni@hfsresearch.com

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 Triple Aim (improving health outcomes, reducing the cost of care, and enhancing the care experience) and believes that health and healthcare is 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 & the London School of Economics in the UK, and Product Management diploma from the Harvard Business School.



Mayank Madhur

Associate Practice Leader

mayank.madhur@hfsresearch.com

Mayank Madhur is an Associate Practice Leader at HFS Research, supporting different practice leads with a horizontal focus on IoT, Industry4.0, and Engineering. He also works with practice leads with a focus on industry verticals (mainly across healthcare; life sciences; manufacturing; retail and CPG; and travel, hospitality, and logistics).

He holds a certificate in Strategic Management from IIM Kashipur. Mayank holds a Master's in Business Administration from Birla Institute of Technology and Science College, Pilani (BITS, Pilani University) and a Bachelor's in Engineering in Electrical and Electronics from Jawaharlal Nehru National College of Engineering (Visvesvaraya Technological University), Karnataka.



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HFS Research introduced the world to terms such as “RPA” (Robotic Process Automation) in 2012 and more recently, Digital OneOffice™ and OneEcosystem™. The HFS mission is to provide visionary insight into the major innovations impacting business operations such as Automation and Process Intelligence, Blockchain, the Metaverse and Web3. HFS has deep business practices across all key industries, IT and business services, sustainability and engineering.

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