Everest Group Pre-payment Integrity Solutions PEAK Matrix® Assessment 2026

Focus on Zelis
July 2026

Introduction

Pre-payment integrity is gaining momentum as health plans look to shift left with payment accuracy activities, moving from retrospective recovery toward earlier intervention before the claims are paid. Rising medical costs, provider abrasion from post-pay recoveries, and the pressure to improve administrative efficiency are pushing payers to adopt pre-pay models across claims editing, IBR, clinical review, COB, FWA analytics, and emerging areas such as pharmacy PI.

While adoption is still uneven across the value chain, health plans are increasingly seeking solutions that combine analytics, automation, clinical expertise, configurable workflows, and defensible decisioning to prevent avoidable spend upfront, reduce downstream appeals and rework, and improve transparency across payer-provider interactions.

The full report includes the profiles of the following 28 leading pre-payment integrity solution providers featured on the Pre-payment Integrity Solutions PEAK Matrix® Assessment 2026:

- **Leaders:** Claritev, Cotiviti, Gainwell Technologies, Lyric, Machinify, Optum, and Zelis
- **Major Contenders:** 4L Data Intelligence, 6 Degrees Health, Alaffia Health, Alivia Analytics, CERIS, ClarisHealth, Codoxo, Cohere Health, Concentrix, CoverSelf, DRG Claims Management, EXL, HealthEdge, Katch, Nokomis Health, and Valenz Health
- **Aspirants:** Context 4 Healthcare, CoventBridge, Pareto Intelligence, Smart Data Solutions, and Syrtis Solutions

Scope of this report

Geography: global

Industry: healthcare

Services: payment integrity

Everest Group's view of the healthcare pre-payment integrity value chain

[NOT EXHAUSTIVE]

Provider education and integrity

Prospective education and order integrity that guide providers on policy, coding, and documentation; validate authorizations in real time to block suspicious requests; and manage payer-provider disputes, improving first-pass accuracy and reducing abrasion

Claims editing

Pre-payment application of configurable primary/secondary edits, policy and contract logic, and data validation aligned to payer and provider requirements to catch coding/compliance issues; auto-adjudicate, pend, or deny before funds are released

Itemized bill review (IBR) / audit

Pre-payment validation of facility charges, focused on high-dollar and outliers, to surface duplicate/unbundled/over-utilized services and pricing/unit errors, hospital-acquired conditions and non-covered services; request itemization and review prior to payment

Clinical review/audit

Prospective DRG / clinical validation and medical necessity checks triggered by rules / ML risk scores; verify code documentation alignment and coverage criteria; obtain records, recode, or deny ahead of payment

Coordination of Benefits (COB)

Pre-payment primacy determination via coverage discovery/eligibility files and member questionnaires; pend/route claims until the primary responsibility is confirmed to avoid pay-and-chase; update rules to prevent recurrence

Subrogation

Identification of third-party liability on a prospective basis (for example, auto, workers' compensation, liability, pharmacy, and DME) with injury questionnaires and incident verification; pend or redirect claims prior to payment into TPL/subrogation workflows

FWA analytics/ detection

Pre-payment risk scoring during adjudication and specialized scheme detection to flag FWA (phantom billing, upcoding, and collusion); uses rules + ML/graph and external data to triage auto-pay vs. pend and supply evidence for rapid resolution

Technology levers

- AI/ML
- Advanced analytics and graph analytics
- Optical Character Recognition (OCR)
- Automated workflows
- Platform offerings
- Cloud
- Providers/Member communication portals

Pre-payment Integrity Solutions PEAK Matrix® characteristics

Leaders

Claritev, Cotiviti, Gainwell Technologies, Lyric, Machinify, Optum, and Zelis

- Leaders have scaled pre-payment integrity programs, supported by mature buyer relationships, broad experience across health plan types, and the ability to support high-volume claims environments
- Leaders partner with point specialists in this space to support new and upcoming niche areas
- They are strengthening their pre-pay propositions through a mix of broad value chain coverage, advanced analytics, AI-enabled decisioning, configurable workflows, and strategic investments and partnerships that help payers shift more payment integrity activity upstream

Major Contenders

4L Data Intelligence, 6 Degrees Health, Alaffia Health, Alivia Analytics, CERIS, ClarisHealth, Codoxo, Cohere Health, Concentrix, CoverSelf, DRG Claims Management, EXL, HealthEdge, Katch, Nokomis Health, and Valenz Health

- Major Contenders have developed extensive experience in select segments and niches of the pre-payment integrity value chain, with many of them building differentiated positions in areas such as FWA analytics, clinical review, IBR, claims editing, COB, subrogation, payment coordination, and platform-led workflow enablement
- Many are expanding their market relevance through AI / gen AI investments and partnerships, though they still have room to broaden value chain coverage, scale buyer adoption, expand deployment / pricing flexibility, or strengthen pre-pay-specific proof points

Aspirants

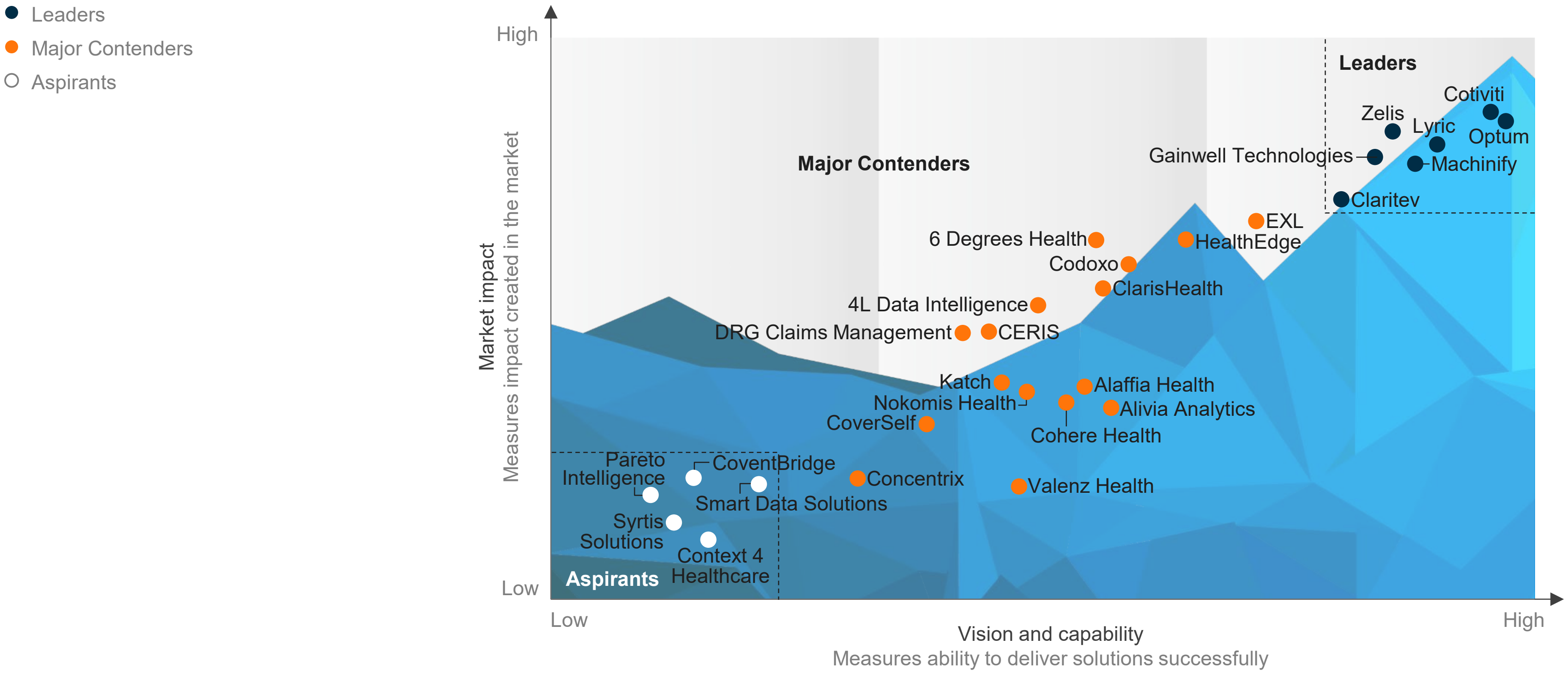
Context 4 Healthcare, CoventBridge, Pareto Intelligence, Smart Data Solutions, and Syrtis Solutions

Aspirants are focused on specialized and niche pre-payment integrity use cases and will need to establish scaled proof points and broader client adoption to expand their positioning with a large spectrum of buyers

Everest Group PEAK Matrix®

Pre-payment Integrity Solutions PEAK Matrix® Assessment 2026 | Zelis is positioned as a Leader

Everest Group Pre-payment Integrity Solutions PEAK Matrix® Assessment 2026[1]



1 Assessments for Alivia Analytics, CERIS, Context 4 Healthcare, CoventBridge, CoverSelf, Lyric, Nokomis Health, Pareto Intelligence, Syrtis Solutions, and Valenz Health exclude provider inputs and are based on Everest Group's proprietary Transaction Intelligence (TI) database, provider's public disclosures, and interactions with buyers

Source: Everest Group (2026)

Zelis

Everest Group assessment – Leader

Measure of capability: Low High

Market impact				Vision and capability					
Market adoption	Portfolio mix	Value delivered	Overall	Vision and strategy	Technology capability	Services capability	Innovation and investments	Engagement and commercial model	Overall

Strengths

- Zelis continues to expand its technology investments through its Intelligent Pricing Platform, bringing together payment integrity, claims pricing, and intelligent routing capabilities
- It demonstrates extensive experience across claims editing and expert claims review, enabling it to support both high-volume edit workflows and more complex review areas such as IBR
- It demonstrates strong traction with TPA buyers while maintaining experience across Blues, national, and regional health plans, reflecting its ability to support a varied payer mix
- Referenced clients highlight Zelis' broad product offering, customization, and partner-led engagement model, reflecting its ability to support multiple pre-payment integrity needs through a single vendor relationship

Limitations

- Zelis' pre-payment integrity commercial model is fully contingency/gainshare led, which may be a consideration for buyers seeking more predictable or hybrid pricing constructs alongside savings-linked economics
- Referenced clients would appreciate stronger issue tracking and reporting, which could improve transparency and ease of oversight across Zelis' multi-product engagements

Market trends

The pre-payment integrity market is gaining traction as payers seek upfront cost avoidance, faster claims accuracy, and technology-enabled scale

Market size and growth

- The healthcare pre-payment integrity solutions outsourced market is estimated to be between US$3-4 billion in 2025, and is expected to grow at a CAGR of 10-12% over the next few years
- Rising medical cost pressure, increasing payment leakage, and a growing payer focus on preventing avoidable spend before the claims are paid are driving market growth

Key drivers for the healthcare pre-payment integrity market

Rising cost pressure and payment leakage	Increasing medical costs, FWA exposure, and overpayment risk are pushing health plans to prevent avoidable spend before claims are paid rather than relying on post-pay recovery.
Need for defensible and low-abrasion reviews	Buyers are prioritizing partners that can improve error identification while reducing false positives, appeals, provider abrasion, and downstream administrative rework.
Automation and next-generation technology	next-generation technologies such as AI, automation, and intelligent workflow tools are enabling faster claim triage, review, decisioning, improved turnaround time, and accuracy, eventually leading to successful pre-pay programs.

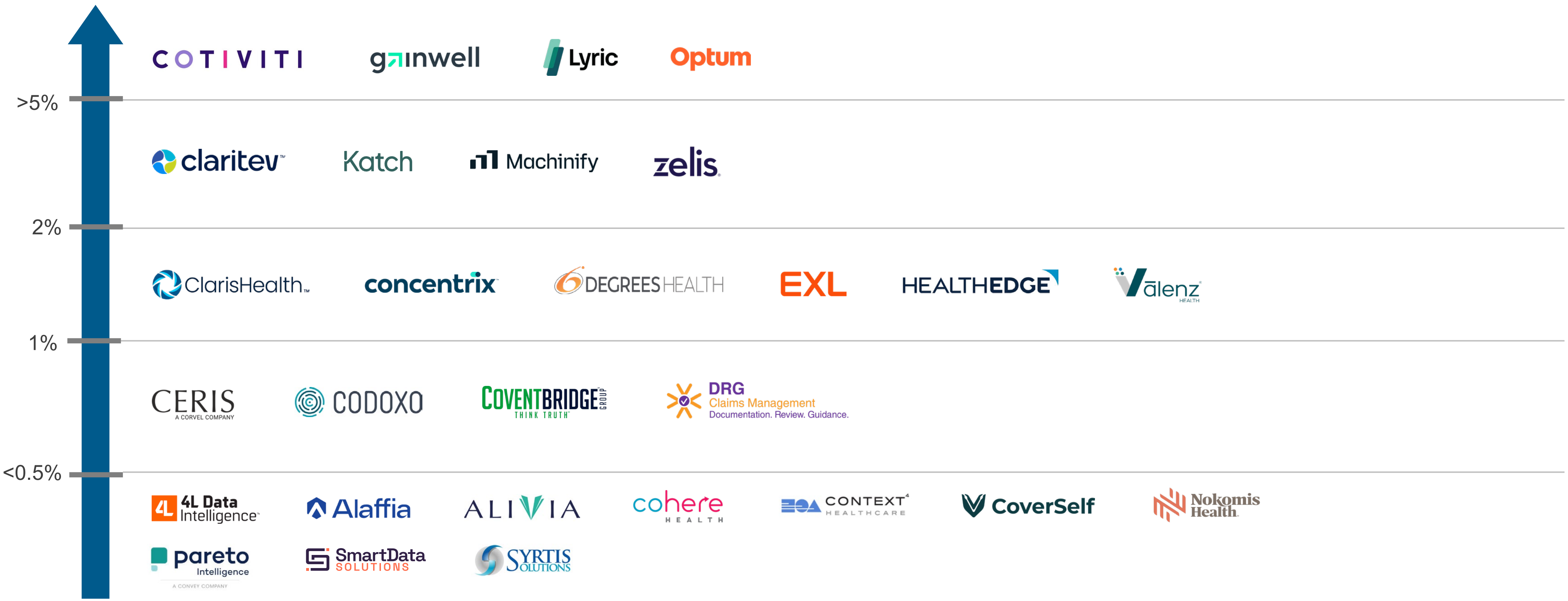
Opportunities and challenges for buyers in realizing their pre-payment integrity objectives

Resource and capacity constraints	Health plans continue to face resource, staffing, cost, and timing pressures, which limits their ability to scale pre-payment integrity programs and manage increased review volumes.
Integration complexity	Next-generation technology can scale pre-pay; however, payer readiness remains the constraint. Legacy systems, fragmented data flows, and limited IT capacity can delay real-time payer-vendor integration, making it difficult to execute pre-pay.
Outcome measurement and value attribution	Variability in case types, sporadic savings emergence, and complex recovery pathways can make it difficult to consistently measure RoI and demonstrate incremental value.

Pre-payment integrity solutions – provider landscape analysis

Cotiviti, Gainwell Technologies, Lyric, and Optum stand out as the largest pre-pay solution providers in terms of market share

Market share analysis of the pre-payment integrity solution providers profiled in the report[1,2,3]



1 Providers are listed alphabetically within each range
2 The market share estimate considers only the aggregate pre-payment integrity PEAK Matrix® revenue of the providers profiled in this assessment
3 The analysis and calculation of the above data has been done with respect to data as of December 31, 2025

Key buyer considerations

Buyers prioritize measurable cost savings and accurate error identification, while expecting domain expertise, pricing flexibility, and customization to support scaled pre-pay adoption

Key sourcing criteria

High

Priority

Low

RoI / Cost savings
Buyers place the highest priority on measurable avoided spend, clear savings validation, and defensible RoI from pre-payment integrity programs.

Error identification rate
Accurate identification of payment errors remains critical, with buyers seeking stronger detection while managing false positives, appeals, and provider abrasion.

Domain expertise
Buyers value deep claims, clinical, coding, COB, FWA, and payer operations expertise to support compliant and context-aware pre-pay decisions.

Pricing/Commercial flexibility
Flexible commercial constructs are important as buyers evaluate the right balance between cost predictability, affordability, and savings-linked outcomes.

Ability to customize
Buyers expect configurable rules, workflows, reporting views, and payer-specific policy alignment to fit their operating models.

Relationship management
Responsive account teams, collaborative issue resolution, and proactive engagement remain important for long-term pre-pay program success.

Summary analysis

Buyers view pre-payment integrity primarily through the lens of financial impact and accuracy, with RoI / cost savings and error identification rate emerging as the top sourcing priorities. Domain expertise, pricing flexibility, and customization also rank highly, indicating that buyers are looking for partners that can combine strong payment accuracy outcomes with adaptable engagement models and payer-specific workflows. While AI, automation, analytics, and real-time reporting remain important, they are slightly lower in priority than core savings, accuracy, and operational-fit considerations, suggesting that technology must be clearly tied to measurable value rather than positioned as a stand-alone differentiator.

Key takeaways for buyers

As pre-pay expands beyond claims editing and reviews into COB, FWA, subrogation, and pharmacy PI, buyers should move from vendor-by-vendor sourcing to a unified platform approach anchored in validated savings, integration readiness, end-to-end coverage, and low-abrasion execution.

Source for breadth and depth

Leverage a combination of broad-based vendors for scale and value chain coverage along with point specialists for niche and upcoming segments

Prioritize platform and workflow readiness

Assess vendors on SaaS-led configurability, automation, reporting transparency, and the ability to integrate into claims workflows to ensure short pre-pay turnaround windows

Link innovation to measurable outcomes

Favor AI, orchestration, and specialist partnerships that improve savings, error identification, provider abrasion, and operational efficiency

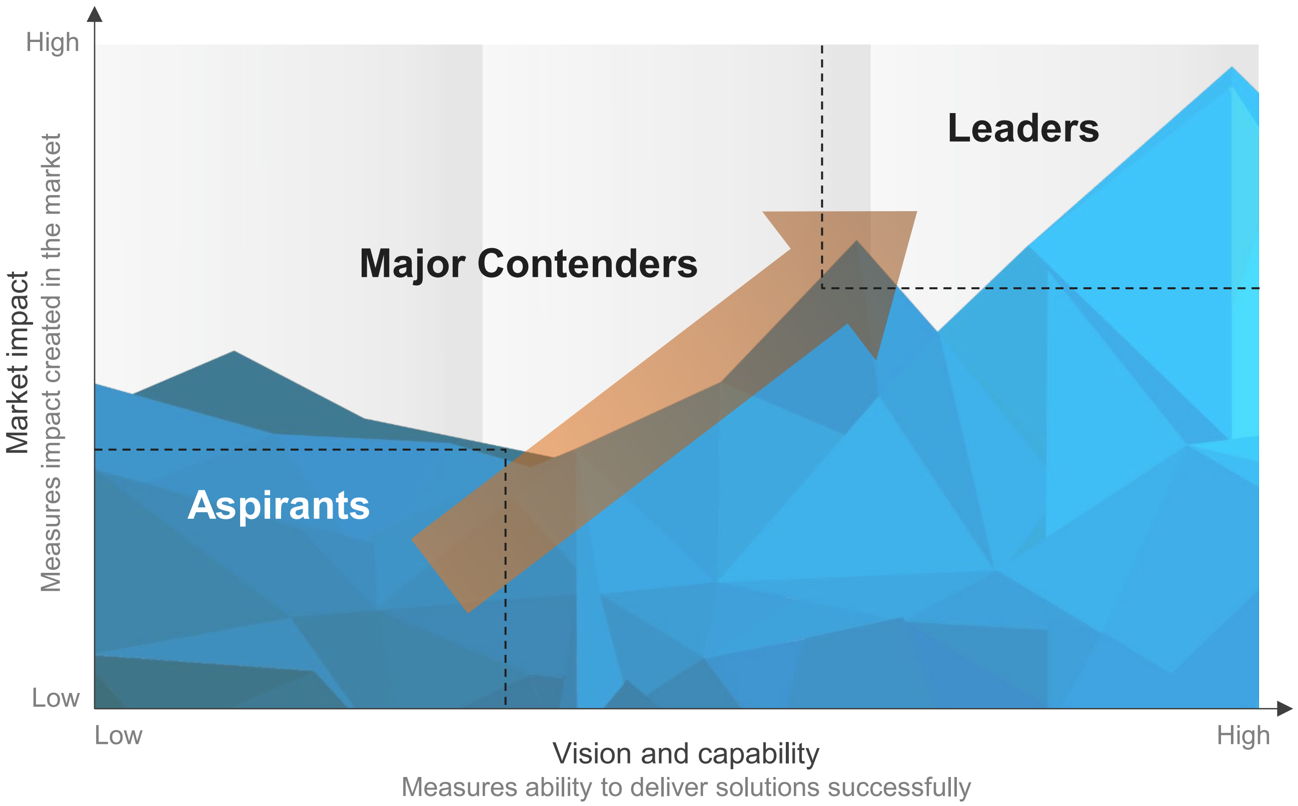
Appendix

PEAK Matrix® framework

FAQs

Everest Group PEAK Matrix® is a proprietary framework for assessment of market impact and vision and capability

Everest Group PEAK Matrix



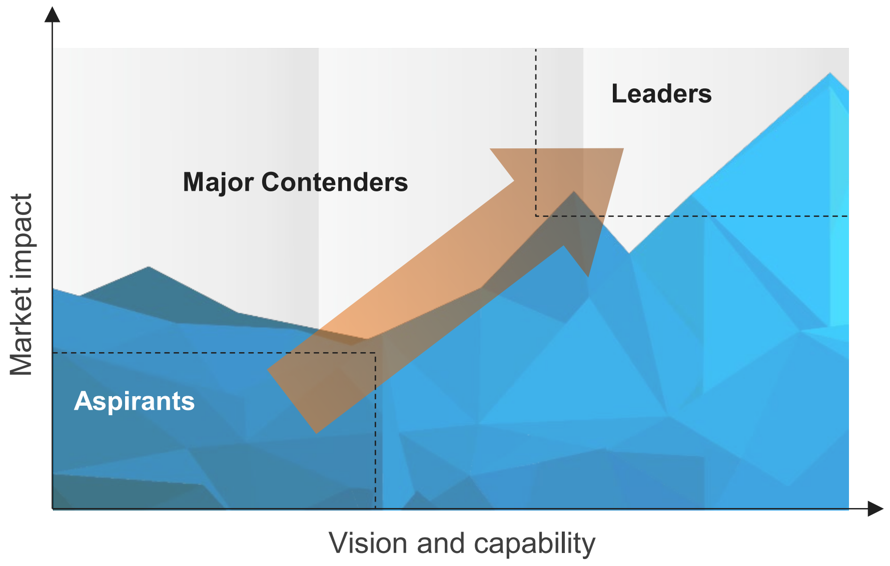
Solutions PEAK Matrix® evaluation dimensions

Measures impact created in the market – captured through three subdimensions

Market adoption
Size and growth of deployments across the solution portfolio

Portfolio mix
Solution footprint across geographies, industries, and buyer size segments

Value delivered
Value delivered to the client based on customer feedback and other measures



Measures ability to deliver solutions successfully. This is captured through five subdimensions

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

Technology capability
Technical sophistication and breadth/depth across the technology suite

Services capability
Effectiveness and breadth/depth of services portfolios across the services suite

Innovation and investments
Innovation and investment in the solution suite

Engagement and commercial model
Progressiveness, effectiveness, and flexibility of engagement and commercial models

FAQs

Q: Does the PEAK Matrix® assessment incorporate any subjective criteria?

A: 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.

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

A: 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.

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

A: 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.

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

A: 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 in included in our research reports

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

A: 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

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

A: 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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