FROST & SULLIVAN

BEST PRACTICES



# 2026 UNITED STATES HEALTHCARE FINANCIAL TECHNOLOGY COMPANY OF THE YEAR

zelis®

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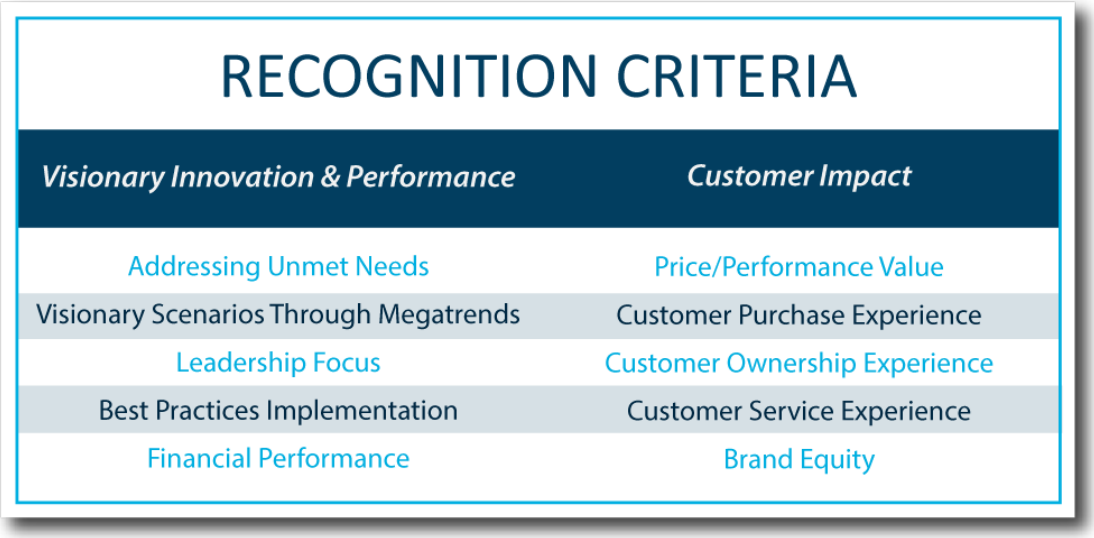
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## Best Practices Criteria for World-class Performance

Frost & Sullivan applies a rigorous analytical process to evaluate multiple nominees for each recognition category before determining the final recognition recipient. The process involves a detailed evaluation of best practices criteria across two dimensions for each nominated company. Zelis excels in many of the criteria in the healthcare financial technology space.




## The Transformation of the Healthcare Financial Technology Industry

The United States (US) healthcare financial technology (fintech) market is maturing as organizations modernize the financial infrastructure that supports care delivery. Payers and providers increasingly recognize that legacy systems can no longer support the speed, transparency, and connectivity required in a more digital healthcare environment. Complicated reimbursement models, fragmented payment processes, disconnected data environments, and administrative inefficiencies create significant cost burdens across the healthcare value chain. At the same time, economic pressure, regulatory complexity, and rising consumer expectations elevate financial modernization from an operational objective to a strategic imperative. In response, healthcare organizations are increasingly investing in fintech solutions that connect administrative and financial workflows with actionable data intelligence, enabling greater operational visibility, stronger financial performance, and more resilient operating models.

> *"[Zelis] preserves financial context from pre-care decisions through reimbursement and explanation, reducing administrative friction while improving transparency and consistency for payers, providers, and members."*
>
> ***- Alejandra Parra***
> ***Research Analyst***

The industry's modernization agenda and regulatory pressures accelerate demand for technologies that improve interoperability, automated processes, and streamlined transactions. Medical Loss Ratio (MLR) requirements reinforce this dynamic, forcing health insurers to allocate 80% to 85% of premium revenue to medical care while strictly controlling administrative costs. Concurrently, operational frameworks like the No Surprises Act (NSA) increase claims complexity,

heightening the need to reduce manual errors and downstream friction. This environment drives a clear market shift away from retrospective "pay-and-chase" models toward automated prepayment infrastructure. These compounding pressures accelerate the transition to integrated platforms that unify payments, claims administration, and communications to improve efficiency across payer-provider interactions.

The shift toward value-based care has fundamentally changed how healthcare organizations manage financial performance. Traditional reimbursement models rely primarily on transaction processing, whereas value-based arrangements require continuous visibility into risk, quality outcomes, and long-term financial accountability. This evolution increases demand for platforms capable of integrating financial and claims data to support more sophisticated reimbursement models. At the same time, artificial intelligence (AI) is enabling organizations to automate workflows, improve payment integrity throughput, optimize claims management, and identify payment risks quickly. Organizations must balance these benefits against growing concerns surrounding algorithmic transparency, governance, cybersecurity, and regulatory compliance, particularly as financial ecosystems become more interconnected.

Looking ahead, the U.S. healthcare fintech market will increasingly favor platform-centric models that establish a common infrastructure foundation. As payers and providers navigate economic pressure and operational complexity, they will prioritize partners that provide a connective technology layer capable of bridging fragmented workflows. Against this market backdrop, Zelis deploys a dual-sided network designed to serve as an industry utility. This underlying technology brings together payments, claims intelligence, and communications while preserving the agility to compose capabilities strategically around the specific operating models of individual health plans and providers.

### A Critical Bridge Across Payer, Provider, and Member Needs

Headquartered in Boston, Massachusetts, Zelis addresses the fragmented financial and operational processes that create friction and complexity for health plans, providers, and members. Many fintech vendors struggle to unify the healthcare financial ecosystem due to interoperable systems and a lack of connected data. It results in custom integrations that can increase systemic complexity and slows down transactions. By linking clinical activity with the transactions and communications that follow, Zelis delivers a continuous financial care path that eliminates the data gaps and administrative handoffs that historically slowed the end-to-end care journey.

Unlike point solutions focused on isolated functions, Zelis' solutions connect adjacent workflows through shared infrastructure, reducing cross-platform integrations and disconnected system data. The company's understanding of payer, provider, and member interactions helps preserve continuity as information and funds move through the ecosystem. Zelis' integrated approach delivers critical capabilities: claims and network optimization, payment facilitation, member engagement and communication harmonization.

### An Integrated Model for Claims Optimization

Claims optimization creates a structural cost-control challenge: every billing error that reaches payment converts into a financial obligation. Many health plans manage this issue through disconnected point solutions that create coordination gaps between editing, clinical review, and pricing. Zelis closes those

gaps by integrating each function into a single prepayment workflow. AI-driven editing flags billing and coding issues, intelligent routing directs claims by complexity and reimbursement context, and specialists intervene when deeper judgment is necessary. Findings carry forward as claims progress, allowing each stage to build on prior analysis and improve accuracy before payment instead of compounding downstream recovery costs.

Zelis extends the prepayment workflow with expert clinical reviews when claims exceed the limits of automated rules or require medical documentation to substantiate reimbursements. Zelis' claims editing applies targeted prepayment edits to professional, outpatient facility, and ambulatory surgery center claims, typically occurring after adjudication and before payment. Applied edits identify issues such as NCCI conflicts, medically unlikely services, frequency limits, inappropriate modifier use, unbundling, DME billing, drugs and biologics, and other coding or reimbursement errors.

Depending on the issue, claims may flow through automated editing, Coding Validation for hands-on review of complex modifier and coding scenarios, or Clinical Coding Policy review for situations requiring deeper clinical judgment. Edits are configurable to the payer's medical policies, payment policies, provider contracts, lines of business, and other claim-level criteria. This approach helps improve payment accuracy while reducing false positives and unnecessary provider abrasion.

However, claims editing technology cannot identify every payment error alone. Complex and high-dollar claims often require an in-depth look at the underlying bill, coding, and clinical documentation. Zelis Expert Claims supports this need for deeper analysis by creating a distinct payment integrity layer beyond standard claims editing.

Using the same targeted approach to identify claims with a high propensity for error, Zelis routes appropriate claims to clinical and coding experts for more intensive review. The company applies these claim reviews pre- or post-payment across several specialized review capabilities:

- **Itemized Bill Review:** examines complex facility bills line-by-line to identify issues such as duplicate charges, unbundled services, routine or incidental supplies, and other inappropriate billing.
- **Clinical Chart Review:** evaluates the bill alongside relevant medical documentation to identify clinical billing issues involving areas such as high-cost medications, implants and devices, level of care, length of stay, and other complex services.
- **DRG Validation:** reviews the complete medical record and the diagnoses, procedures, complications and comorbidities, discharge status, and other factors that drive DRG assignment to identify coding that may result in inappropriate reimbursement.

Claims Editing and Expert Claims Review form a broader prepayment integrity strategy, combining automated edits with clinical and coding expertise from physicians, nurses, and certified coders to apply greater scrutiny to complex claims before reimbursement. Zelis' strategy continues to expand key metrics: in 2025, the company increased the number of edits built and launched by 92% and edit adoption by 16%, contributing to a 12% increase in accepted client savings over 2024.

> *"[Many] fintech vendors struggle to unify the healthcare financial ecosystem due to inconsistent billing standards and legacy infrastructure. […] By linking clinical activity with the transactions and communications that follow, Zelis delivers a continuous financial care path that eliminates the data gaps and administrative handoffs [that slow] the end-to-end care journey."*
>
> ***- Samantha Fisher***
> ***Best Practices Research Analyst***

The broader advantage comes from continuity across the payment integrity workflow. While disconnected vendors can limit how earlier findings inform later decisions, Zelis carries insights across modules refining analytics as transaction volume grows and surfacing patterns isolated systems may miss. Zelis extends this approach through claims pricing for in-network care by applying contracted reimbursement methodologies supported by contract modeling and analytics.

## Scaling Reimbursement Through Connected Payment Infrastructure

Healthcare payment orchestration demands more than financial routing. Executing reimbursement and disbursement requires coordinating recipient preferences, payment rails, remittance data, and communications without adding administrative work. The Zelis Advanced Payments Platform® (ZAPP) serves as the payer-facing orchestration engine for provider reimbursement, member disbursements, and premium collection, using rules-based architecture to connect payment execution with financial workflows. ZAPP routes provider funds through Automated Clearing House (ACH), virtual cards, or checks, with Electronic Data Interchange 835 remittance data traveling alongside each transaction. For members, ZAPP supports direct deposit, prepaid cards, PayPal, Venmo, and digital wallets, turning payment flexibility into a unified platform capability.

Despite broader payment digitization, provider reimbursement remains constrained by fragmented financial data and manual workflows, illustrating that payment speed alone cannot resolve post-payment complexity. This gap is evident in Zelis' research that, while 88% of payers report faster payments from digitization,[1] 58% of providers still manually process up to half of payments.[2] ZAPP Edge℠ addresses this disconnect by aggregating payments and data across more than 485 payers directly to providers in one centralized experience.[3] The acquisition and integration of advanced claims insights capabilities in January 2026 further expanded the platform into revenue-cycle intelligence. ZAPP Edge's 16% year-over-year growth of the provider network, reinforces the infrastructure layer's significant momentum in the market.[4]

Reimbursement growth typically increases posting, reconciliation, and exception-management workload, creating an administrative burden that rises with transaction volume. ZAPP Edge addresses those common challenges. One large health system cut weekly payment-posting time by 50% while absorbing 40% payment-volume growth without adding staff, demonstrating capacity expansion through platform efficiency rather than headcount.[5] Another health plan generated $5.5 million in savings by digitizing payments through ZAPP.[6] Faster EFT/ACH adoption pushed electronic funds transfer to 70% and

[1] Zelis and Datos Insights, "Beyond Digital: Payments' Next Frontier" (industry presentation webinar), fiercehealthcare.com.
[2] Ibid
[3] Zelis. "Zelis Advanced Payments Platform(SM)," Internal corporate briefing for Frost & Sullivan. 31 August 2026.
[4] Frost & Sullivan interview with Dylan Papa and Zelis. August 31, 2026. Transcript.
[5] https://www.zelis.com/case-studies/how-one-health-system-manages-high-payment-volume-in-half-the-time/
[6] https://www.zelis.com/case-studies/b2b-provider-payments/

electronic claims to 75%, eliminating $402,000 in annual print and postage costs.[7] These outcomes show how payment digitization converts transaction growth into operating leverage as reimbursement volumes expand.

Scaling those outcomes requires payment infrastructure that many health plans lack the resources to build internally. ZAPP's network of more than 80 technology and strategic partners spans banking, card processing, adjudication, and enablement, giving payers access to an established payments ecosystem. Recipient choice supports adoption, adoption lowers costs, and unified execution reduces the fragmentation conventional payment products leave behind. ZAPP provides the payment infrastructure, ZAPP Edge converts provider reimbursement activity into consolidated workflows and information, and Rivet applies analytics where providers manage exceptions. These layers enable Zelis to orchestrate funds, data, and provider workflows across one architecture, reinforcing its leadership position in healthcare fintech.

### Closing the Member Engagement Gap Through Connected Communications

The consumerization of healthcare, coupled with growing regulatory requirements for transparency and member communications, is raising expectations for how health plans engage members throughout the healthcare journey. Members must make consequential decisions about where to seek care and what services may cost while interpreting complex benefits and financial responsibility. These interactions extend well beyond routine administration. The information a member receives can affect trust in the health plan and influence subsequent care decisions, with implications for utilization and healthcare costs. For payers, the challenge has therefore shifted from simply distributing required information to delivering relevant context when members can use it to make decisions.

Zelis approaches this challenge by positioning member communications as a connective layer across the healthcare financial experience. Estimates, EOBs, bills, and other financial communications often originate from different systems and reach members at different stages, leaving them to reconcile information that may appear disconnected or difficult to interpret. Zelis draws on its proximity to claims logic, payment activity, and underlying financial data to carry relevant context across these interactions. Zelis applies this model at significant scale, processing approximately 1 billion healthcare financial communications annually across physical and digital channels while supporting member preferences, accessibility needs, and regulatory requirements.

However, providing information does not necessarily translate into member action. To bridge that gap, Zelis uses personalization and member rewards to recommend and reinforce actions, while the Care Concierge team provides human support beyond digital self-service tools. This support can help members select providers, schedule care, navigate benefits, or coordinate with facilities. The human element becomes more important as AI-enabled personalization and self-service tools expand. Digital tools can deliver targeted information at scale and handle straightforward tasks, but more complex healthcare decisions may involve administrative support to the member's situation, allowing technology and human advocacy to serve different needs rather than forcing every interaction through the same channel.

[7] Ibid Increase Provider EFT Adoption and Cut Costs

For payers, the value of this approach extends beyond improving individual communications. Connecting financial information more closely with guidance and navigation can reduce some of the fragmentation created when separate point solutions manage different parts of the member experience. More importantly, it gives health plans opportunities to engage members while decisions remain actionable and then maintain relevant context as claims and financial responsibility develop. As payer expectations move beyond information distribution toward measurable engagement, Zelis' position across healthcare financial data and member communications provides a foundation for a broader role in the member relationship. Instead of functioning primarily as the administrative endpoint of care, the financial experience becomes a critical element of how health plans help members understand their options and navigate subsequent decisions. By extending its role from financial transactions into member decision-making, Zelis broadens its value to health plans and creates additional pathways for platform adoption, client retention, and long-term growth.

### Turning Platform Scale into Sustainable Growth

Healthcare fintech vendors face significant growth barriers such as fragmented legacy infrastructure, complex stakeholder relationships, regulatory demands, and lengthy enterprise adoption cycles. Zelis' growth potential rests on its ability to operate within those constraints while expanding across multiple parts of the healthcare financial ecosystem. Its presence across pricing, payments, provider reimbursement, member engagement, and communications create several avenues for incremental growth as customers consolidate vendors and seek broader financial infrastructure. Zelis already processes more than $300 billion in healthcare payments annually and manages approximately 1 billion claim communications each year, giving payers and providers access to proven scale while providing Zelis with a substantial base for deeper penetration, higher utilization, and continued expansion.

Acquisition-led expansion strengthens this outlook by allowing Zelis to enter adjacent capabilities and markets faster than organic development alone would permit. Previous acquisitions of RedCard, Sapphire Digital, Payspan, Payer Compass, Medxoom, and Rivet progressively expanded the company's reach across communications, transparency, payments, pricing, member engagement, and revenue-cycle analytics. Strategic partnerships with Duck Creek Technologies, Jopari Solutions, and Vyne Dental extend that reach into adjacent insurance and reimbursement verticals. For health plans and provider systems, this approach broadens the range of capabilities available through an increasingly connected platform. For Zelis, integrating acquired assets into existing infrastructure creates cross-selling opportunities, accelerates commercialization, and lowers the friction associated with entering new healthcare fintech categories independently.

Zelis' cross-network position also supports above-market growth potential as healthcare organizations reduce vendor sprawl and prioritize interoperability. Many competitors remain concentrated in specific functions such as clearinghouse connectivity, payment processing, revenue-cycle management, or reimbursement optimization. Zelis spans several of these areas, allowing growth in one part of the network to create opportunities elsewhere. Customers benefit from fewer handoffs, more consistent financial data, and less dependence on separate technology vendors. This structure creates a cumulative growth model in which existing relationships and infrastructure can generate new revenue opportunities without requiring every capability to establish an independent market foothold.

Market expansion provides a strong structural tailwind for that strategy. Global healthcare IT revenue is forecast to increase from approximately $700.5 billion in 2025 to between $1.45 trillion and $1.65 trillion by 2030, with provider, payer, and patient IT all sustaining double-digit growth. Provider IT carries the strongest near-term momentum, while patient and payer IT expansion continues steadily as organizations invest in automation, financial intelligence, digital engagement, and payment modernization. Because Zelis operates across all three constituencies, it can participate in multiple growth pools simultaneously. Its integrated platform, network scale, and expansion strategy strengthen its growth potential and support continued market leadership in healthcare fintech.

## Conclusion

Fragmented infrastructure, regulatory complexity, rising consumer expectations, and evolving reimbursement models continue to pressure the US healthcare financial technology market. These conditions increasingly reward platforms that connect financial activity across the healthcare journey. Zelis responds through an integrated network spanning member engagement, claims optimization, payment orchestration, provider workflows, and communications. The company preserves financial context from pre-care decisions through reimbursement and explanation, reducing administrative friction while improving transparency and consistency for payers, providers, and members. This connected architecture turns industry complexity into customer value and gives Zelis a strong foundation for expansion as healthcare organizations seek fewer vendors and more coordinated financial experiences.

That foundation also strengthens Zelis' long-term growth potential. Its transaction scale, acquisition strategy, strategic partnerships, and cross-network reach create multiple paths toward deeper account penetration, broader workflow adoption, and adjacent-market expansion. Growing healthcare IT investment further supports this trajectory as provider, payer, and patient-facing markets increase spending on automation, financial intelligence, digital engagement, and payment modernization. Zelis can pursue these opportunities through infrastructure and customer relationships already established across the financial ecosystem, lowering barriers to incremental expansion.

With its strong overall performance, Zelis earns Frost & Sullivan's 2026 United States Company of the Year Recognition in the healthcare financial technology industry.

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# What You Need to Know about the Company of the Year Recognition

Frost & Sullivan's Company of the Year Recognition is its top honor and recognizes the market participant that exemplifies visionary innovation, market-leading performance, and unmatched customer care.

## Best Practices Recognition Analysis

For the Company of the Year Recognition, Frost & Sullivan analysts independently evaluated the criteria listed below.

### Visionary Innovation & Performance

**Addressing Unmet Needs**: Customers' unmet or under-served needs are unearthed and addressed to create growth opportunities across the entire value chain

**Visionary Scenarios Through Megatrends**: Long-range scenarios are incorporated into the innovation strategy by leveraging mega trends and cutting-edge technologies, thereby accelerating the transformational growth journey

**Leadership Focus**: The company focuses on building a leadership position in core markets to create stiff barriers to entry for new competitors and enhance its future growth potential

**Best Practices Implementation**: Best-in-class implementation is characterized by processes, tools, or activities that generate consistent, repeatable, and scalable success

**Financial Performance**: Strong overall business performance is achieved by striking the optimal balance between investing in revenue growth and maximizing operating margin

### Customer Impact

**Price/Performance Value**: Products or services offer the best ROI and superior value compared to similar market offerings

**Customer Purchase Experience**: Purchase experience with minimal friction and high transparency assures customers that they are buying the optimal solution to address both their needs and constraints

**Customer Ownership Excellence**: Products and solutions evolve continuously in sync with the customers' own growth journeys, engendering pride of ownership and enhanced customer experience

**Customer Service Experience**: Customer service is readily accessible and stress-free, and delivered with high quality, high availability, and fast response time

**Brand Equity**: Customers perceive the brand positively and exhibit high brand loyalty, which is regularly measured and confirmed through a high Net Promoter Score®

# Best Practices Recognition Analytics Methodology

## Inspire the World to Support True Leaders

This long-term process spans 12 months, beginning with the prioritization of the sector. It involves a rigorous approach that includes comprehensive scanning and analytics to identify key best practice trends. A dedicated team of analysts, advisors, coaches, and experts collaborates closely, ensuring thorough review and input. The goal is to maximize the company's long-term value by leveraging unique perspectives to support each Best Practice Recognition and identify meaningful transformation and impact.

| | | VALUE IMPACT | |
|---|---|---|---|
| STEP | | WHAT | WHY |
| 1 | **Opportunity Universe** | Identify Sectors with the Greatest Impact on the Global Economy | Value to Economic Development |
| 2 | **Transformational Model** | Analyze Strategic Imperatives That Drive Transformation | Understand and Create a Winning Strategy |
| 3 | **Ecosystem** | Map Critical Value Chains | Comprehensive Community that Shapes the Sector |
| 4 | **Growth Generator** | Data Foundation That Provides Decision Support System | Spark Opportunities and Accelerate Decision-making |
| 5 | **Growth Opportunities** | Identify Opportunities Generated by Companies | Drive the Transformation of the Industry |
| 6 | **Frost Radar** | Benchmark Companies on Future Growth Potential | Identify Most Powerful Companies to Action |
| 7 | **Best Practices** | Identify Companies Achieving Best Practices in All Critical Perspectives | Inspire the World |
| 8 | **Companies to Action** | Tell Your Story to the World (BICEP*) | Ecosystem Community Supporting Future Success |

*Board of Directors, Investors, Customers, Employees, Partners

## About Frost & Sullivan

Frost & Sullivan is the Growth Pipeline Company™. We power our clients to a future shaped by growth. Our Growth Pipeline as a Service™ provides the CEO and the CEO's growth team with a continuous and rigorous platform of growth opportunities, ensuring long-term success. To achieve positive outcomes, our team leverages over 60 years of experience, coaching organizations of all types and sizes across 6 continents with our proven best practices. To power your Growth Pipeline future, visit Frost & Sullivan at http://www.frost.com.

### The Growth Pipeline Generator™

Frost & Sullivan's proprietary model to systematically create ongoing growth opportunities and strategies for our clients is fuelled by the Innovation Generator™.

Learn more.

***Key Impacts***:

- **Growth Pipeline:** *Continuous Flow of Growth Opportunities*
- **Growth Strategies:** *Proven Best Practices*
- **Innovation Culture:** *Optimized Customer Experience*
- **ROI & Margin:** *Implementation Excellence*
- **Transformational Growth:** *Industry Leadership*




### The Innovation Generator™

Our 6 analytical perspectives are crucial in capturing the broadest range of innovative growth opportunities, most of which occur at the points of these perspectives.

***Analytical Perspectives***:

- Megatrend (MT)
- Business Model (BM)
- Technology (TE)
- Industries (IN)
- Customer (CU)
- Geographies (GE)

