

Black Book **Insights**

2026 Payer Series Research

THE MEDICAID-TO-MEDICARE TRANSITION TECH STACK

WHAT ACTUALLY PREVENTS MEMBER DROP-OFF IN THE FIRST 120 DAYS

*National payer, provider, and healthcare technology survey
fielded Q4 2025 through Q1 2026.*

Prepared by Black Book Research

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EXECUTIVE SUMMARY

The transition from Medicaid into Medicare is often treated as an administrative event, yet the operating reality looks more like a multi-system handoff. Members are not simply changing coverage categories. They are moving across benefit structures, provider expectations, care coordination models, communications approaches, and support environments that too often remain disconnected behind the scenes.

This report examines a practical market reality: the strongest transition outcomes do not come from enrollment technology alone, but from a coordinated stack spanning outreach, interoperability, care management, provider workflow, and home-based support. Survey findings show that avoidable friction clusters in member understanding, contact failure, provider continuity, and duplicated assessments rather than in pure eligibility processing.

RESEARCH OBJECTIVES

- Identify where the Medicaid-to-Medicare transition breaks down most often.
- Determine which technology layers have the greatest operational effect on continuity and engagement.
- Measure how dependent organizations remain on manual workarounds.
- Establish how buyers evaluate vendor performance in this transition environment.
- Define the KPI set Black Book uses to benchmark vendors in 2026.

KEY CONCLUSION

The Medicaid-to-Medicare transition is not failing because plans lack systems. It is failing because too many systems remain disconnected from the workflows that matter most to members in the first 90 to 120 days.

METHODOLOGY OVERVIEW

This Black Book study combines quantitative survey responses collected from Q4 2025 through Q1 2026 with qualitative input from payer, provider, and vendor-side interviews. The analysis uses a buyer-weighted sample and evaluates transition performance through the first 90 to 120 days after the member handoff.

Organization mix	Share
Medicare Advantage health plans	31%
D-SNP and duals-focused plans	17%
Medicaid MCOs with Medicare operations	10%
Provider-sponsored plans / delegated entities	12%
Risk-bearing provider organizations	10%
Home-based / field-based organizations	8%
Technology and services vendors	12%

Role mix	Share
Executive leadership	28%
Operations leadership	24%
Member experience and engagement	14%
Care management and population health	13%
Quality / Stars / risk operations	9%
Data / interoperability / digital transformation	8%
Vendor strategy and implementation	4%

Highest-value respondent titles

- SVP, Medicare Advantage Operations
- VP, Dual Eligible Strategy
- VP, D-SNP Product and Integration
- VP, Member Experience
- VP, Care Management
- VP, Interoperability and Data Exchange
- Director, Enrollment and Eligibility Operations
- Chief Population Health Officer
- Director, Transitional Care
- VP, Home-Based Assessments

MARKET LANDSCAPE: THE TRANSITION TECH STACK

For this report, the transition stack is defined as a coordinated operating model rather than as a narrow software market. Black Book evaluates six layers that together determine whether the handoff feels smooth or fragmented to members and caregivers.

Transition stack layer	Typical functions
1. Enrollment and eligibility alignment	Transition-event recognition, plan alignment, workflow triggering, high-risk case creation
2. Member identity and benefits navigation	Onboarding communications, benefits education, PCP guidance, caregiver inclusion, multilingual messaging
3. Data and interoperability	Record matching, clinical/claims/pharmacy visibility, trigger events, cross-team data availability
4. Care coordination and case management	Case assignment, care-plan initiation, referral tracking, closed-loop follow-up
5. Provider workflow enablement	Provider alerts, continuity support, point-of-care prompts, referral visibility
6. Field, home-based, and community support	In-home assessments, field outreach, SDOH escalation, high-touch navigation

FRAMING PRINCIPLE

The report evaluates whether these layers function together as a workflow system, not whether each category exists somewhere in the technology inventory.

SECTION I: WHERE THE TRANSITION ACTUALLY BREAKS

Survey Question 1

Where does the Medicaid-to-Medicare transition create the most avoidable friction today?

Industry discussion often begins with enrollment mechanics, but operational leaders increasingly describe the transition problem in broader terms. This question is designed to establish whether preventable failures originate at the eligibility stage or later, once members attempt to understand benefits, reconnect with providers, obtain medications, or respond to outreach.

Findings

Response option	Share of respondents
Benefits explanation and member understanding	26%
Member outreach and inability to engage new members	21%
PCP and network continuity	17%
Assessment duplication and repeated intake burden	14%
Care management handoff	10%
Medication continuity	8%
Enrollment and eligibility synchronization	4%

Narrative interpretation

The findings show that the transition problem is not primarily administrative. Respondents locate disruption after the transition signal is already in place, especially when communication, continuity, and workflow coordination break down.

KEY TAKEAWAY

Plans appear more vulnerable to post-enrollment fragmentation than to front-end eligibility failure. The practical lesson is that the handoff becomes unstable when members do not understand what changed, when contact attempts miss the member or caregiver, or when provider continuity is not secured quickly enough.

SECTION II: WHICH TECHNOLOGIES MATTER MOST

Survey Question 2

Which technology capability has the greatest impact on transition success in the first 120 days?

Many organizations have accumulated tools across enrollment, analytics, outreach, and care management, yet performance remains uneven. This question isolates which category buyers believe contributes most directly to a stable and successful handoff.

Findings

Response option	Share of respondents
Omnichannel member engagement	24%
Interoperability and unified data layer	22%
Care management platform	18%
Provider workflow integration	13%
Home-based outreach and assessment support	12%
Pharmacy support technology	7%
Analytics and dashboards only	4%

Narrative interpretation

The results favor activation technologies over passive reporting tools. Engagement and interoperability lead because they determine whether organizations can find, inform, and support the member in real time.

KEY TAKEAWAY

Early directional feedback suggests that transition success depends less on retrospective reporting and more on whether plans can combine a usable member record with timely, personalized, multi-channel outreach.

SECTION III: THE HIDDEN OPERATING MODEL

Survey Question 3

How often does your organization rely on manual workarounds to complete a successful transition?

A recurring issue in payer operations is the gap between formal system design and actual workflow execution. Organizations may describe themselves as digitally mature while still relying on spreadsheets, call-center escalations, or one-off case reviews to prevent members from falling through the cracks.

Findings

Response option	Share of respondents
Always	19%
Often	37%
Sometimes	31%
Rarely	11%
Never	2%

Narrative interpretation

The results indicate that manual rescue work remains deeply embedded in the transition model. Even modernized environments still depend on staff intervention to hold the member journey together.

KEY TAKEAWAY

The transition stack remains only partially automated. For many organizations, manual coordination is not an exception; it is the invisible layer keeping the process intact.

SECTION IV: WHICH OUTCOMES ARE HARDEST TO STABILIZE

Survey Question 4

Which member outcome is hardest to stabilize during the first 90 days?

The first 90 days are often the most volatile period in a new Medicare member's experience. If organizations cannot stabilize confidence and continuity quickly, later care-management efforts become less effective.

Findings

Response option	Share of respondents
Member understanding of benefits and coverage	25%
Successful contact and engagement	21%
PCP continuity	16%
Medication continuity	14%
Completion of initial assessment or HRA	10%
Transportation and access logistics	8%
Specialist referral continuity	6%

Narrative interpretation

The findings again elevate confusion and contact failure over purely clinical handoff measures. Plans continue to overestimate transactional onboarding while underestimating the importance of reassurance, explanation, and navigation support.

KEY TAKEAWAY

Transition instability appears to begin with uncertainty. Before members can benefit from care management, they need confidence that they understand the new system, can access the right providers, and know where to turn when something feels different.

SECTION V: OVERINVESTMENT AND UNDERDEVELOPMENT

Survey Question 5

Where are plans currently overinvesting relative to actual impact?

The transition market is crowded with tools promising visibility, efficiency, and automation. Yet leaders frequently acknowledge that some investments produce attractive dashboards without improving continuity.

Findings

Response option	Share of respondents
Point solutions for reporting and dashboards	23%
Enrollment workflow tools	20%
Standalone risk analytics	17%
Disconnected CRM or communications tools	15%
Provider-facing portals with low usage	14%
Home-based support tools	6%
Case management platforms	5%

Narrative interpretation

The takeaway is not that reporting tools lack value, but that buyers increasingly separate visibility from intervention. Technologies that inform leadership still underperform when they do not change action at the point of transition.

KEY TAKEAWAY

Respondents appear increasingly skeptical of solutions that produce insight without workflow change. Organizations seeing the strongest improvement are likely to be those investing less in abstract visibility and more in executional coordination.

Survey Question 6

Which part of the transition stack is most underdeveloped in your organization?

If some areas are overfunded, others remain structurally immature. This question identifies the weakest link in current transition architectures and clarifies where buyers see the greatest unmet need.

Findings

Response option	Share of respondents
Cross-program member journey orchestration	23%
Real-time data exchange across payer, provider, and outreach teams	21%
Community and home-based engagement	17%
Caregiver inclusion and outreach	14%
Provider workflow alerts at point of care	13%
Pharmacy continuity workflow	12%

Narrative interpretation

The answers point to a central market weakness: multiple tools may be present, but too few organizations orchestrate them as part of a coherent journey.

KEY TAKEAWAY

The technology gap is not simply one of missing applications. It is a gap in orchestration. Systems exist, but the member journey does not yet behave like a connected workflow.

SECTION VI: MEMBER ENGAGEMENT RISK

Survey Question 7

What is the single biggest reason transitioned members become hard to engage?

Member disengagement is one of the earliest warning signs of transition breakdown. When plans lose contact or fail to build trust early, downstream care coordination and quality efforts become more expensive and less reliable.

Findings

Response option	Share of respondents
Contact data becomes stale or incomplete	28%
Members do not understand what changed between Medicaid and Medicare	24%
Outreach is not timely enough	17%
Messaging is too generic or too administrative	14%
Caregiver is not included early enough	10%
Language or health literacy gaps	7%

Narrative interpretation

The findings show that engagement failure is not random. It is rooted in data quality, timing, and message relevance.

KEY TAKEAWAY

Members become difficult to engage when organizations approach the transition as a notice event rather than a guided relationship event. Poor contact intelligence, delayed outreach, and overly administrative messaging undermine trust early.

SECTION VII: VENDOR IMPORTANCE VERSUS VENDOR PERFORMANCE

Survey Question 8

Which vendor category is most important but most likely to underperform?

Technology buyers rarely evaluate vendors only on feature breadth. In transition programs, the more important question is whether the vendor reduces friction in real operations. This question exposes where expectations are highest and disappointment is most common.

Findings

Response option	Share of respondents
Member engagement and communications	22%
Interoperability and data exchange	21%
Care management platforms	17%
Provider workflow integration	15%
In-home assessment or outreach partners	11%
Pharmacy member-support vendors	8%
Analytics vendors	6%

Narrative interpretation

This question creates one of the report's most commercially useful angles. Buyers say that the vendor categories most central to transition success are also the ones most likely to fall short.

KEY TAKEAWAY

The market's highest-value categories may also be its most fragile. Buyers demand the most from engagement and interoperability vendors because those vendors sit closest to the operational breakpoints shaping the member's first experience.

SECTION VIII: 2026 INVESTMENT PRIORITIES

Survey Question 9

What would most improve transition performance in 2026?

After identifying pain points and weak points in the stack, this section clarifies where buyers expect measurable improvement to come from. The results convert disruption into near-term investment priorities.

Findings

Response option	Share of respondents
Trigger-based outreach tied to eligibility and care events	26%
Better benefits education and onboarding journeys	22%
Unified member record across Medicaid and Medicare operations	19%
Stronger provider alignment on PCP and referrals	13%
More field and home-based support	12%
Better pharmacy activation workflows	8%

Narrative interpretation

The results show that organizations are prioritizing event-driven action over abstract modernization. Buyers want technologies that change what happens when a member first enters the new coverage environment.

KEY TAKEAWAY

The 2026 agenda appears to be shifting toward immediacy. Leaders want systems that trigger outreach, simplify benefits explanation, and unify the member record quickly enough to prevent early confusion from becoming operational loss.

SECTION IX: OVERALL TRANSITION MATURITY

Survey Question 10

Which statement best describes your current transition operating model?

This question asks respondents to characterize transition maturity in broad operational terms. It positions the rest of the findings within a realistic market context and supports segmentation in the analysis.

Findings

Response option	Share of respondents
Mostly reactive and call-center driven	33%
Moderately coordinated but fragmented across systems	41%
Coordinated with some automation but meaningful gaps remain	19%
Fully integrated and proactive	7%

Narrative interpretation

The pattern confirms that the market is still early in its evolution toward integrated transition support. Most organizations see themselves as either reactive or only partially coordinated.

KEY TAKEAWAY

The market does not yet view itself as transition-mature. Most organizations appear to be operating in hybrid models where coordination exists, but only with significant fragmentation and uneven automation.

PANEL DISCUSSION GUIDE

To complement survey results, Black Book used conference panels and executive interviews to test where the transition breaks, which workflows matter most in the first 90 to 120 days, and how organizations judge vendor performance in practice.

Questions for payer executives

- Where does the handoff fail most often after enrollment is complete?
- What operational step remains too manual for comfort?
- Which outcome is hardest to stabilize in the first 90 days?
- What is the earliest sign that a member is starting to fall through the cracks?
- Which vendor category sounds strongest in procurement but struggles most in implementation?

Questions for providers and delegated entities

- When do providers first feel the effects of a weak transition?
- What information arrives too late to be useful?
- What part of the process creates unnecessary repeat work for staff and members?
- Where do referrals and continuity break down most often?
- What would make provider alignment easier during the transition period?

Questions for vendors

- What do buyers in this market expect that is hardest to deliver?
- Where do implementations usually stall?
- Which KPI do your strongest clients improve first?
- What separates successful clients from frustrated ones?
- What part of the buyer workflow do vendors underestimate most often?

VENDOR EVALUATION KPI FRAMEWORK

The Black Book vendor scorecard rewards vendors less for breadth of functionality than for measurable reduction in transition friction. The emphasis is on speed to operational effect, reduced manual rescue work, and better member continuity outcomes.

APPENDIX C: SURVEY INSTRUMENT

Black Book Market Research fielded this survey to evaluate how health plans, provider organizations, and healthcare technology partners support members transitioning from Medicaid into Medicare. The instrument identified where the process breaks down, which technologies and workflows have the greatest impact, and how buyers evaluate vendor performance during the first 90 to 120 days after transition.

Screening questions

1. Which of the following best describes your organization?
2. Which title most closely matches your role?
3. How involved are you in decisions affecting the Medicaid-to-Medicare transition process?
4. Approximately how many members or patients does your organization support in Medicare, dual-eligible, or transition-related populations?

Core survey questions

1. Where does the Medicaid-to-Medicare transition create the most avoidable friction today?
2. Which problems occur most often during the first 90 days after transition? (select up to three)
3. At what point does your organization usually identify that a transition is going poorly?
4. Which technology capability has the greatest impact on transition success in the first 120 days?
5. Which part of the transition stack is most underdeveloped in your organization?
6. Where is your organization overinvesting relative to actual transition impact?
7. How often does your organization rely on manual workarounds to complete a successful transition?
8. Which statement best describes your current transition operating model?
9. What is the single biggest reason transitioned members become hard to engage?
10. Which member outcome is hardest to stabilize during the first 90 days?
11. Which outreach approach is most effective for newly transitioned members in your organization?
12. How important is caregiver inclusion to successful transition outcomes for high-risk members?
13. Which function is most affected when transition data is incomplete or delayed?
14. Which vendor category is most important but most likely to underperform?
15. Which vendor capability matters most when evaluating transition-support solutions?
16. Which KPI best proves a vendor is improving transition performance?
17. What would most improve transition performance in 2026?
18. Which area is most likely to receive new investment in the next 12 months?
19. How confident are you that your current transition stack can support future integrated-care requirements and member experience expectations?

Open-ended questions

20. In one sentence, what is the most misunderstood problem in the Medicaid-to-Medicare transition?
21. What part of your transition process still depends too heavily on staff intervention?
22. What is one capability you wish your current vendor stack handled better?
23. What advice would you give another organization trying to improve the first 90 days after transition?

APPENDIX D: VENDOR SCORECARD FRAMEWORK

This scorecard evaluates vendors supporting the Medicaid-to-Medicare transition across consistent buyer-centered criteria. It is used for Black Book benchmarking, comparative analysis, and vendor rankings grounded in buyer feedback.

Evaluation dimension	Weight	Assessment criteria
Operational impact	25	Whether the solution reduces avoidable friction and measurably improves outreach, continuity, and reduced rescue work
Implementation feasibility	15	Integration burden, implementation time, workflow redesign needs, and speed to usable value
Fit for transition populations	15	Suitability for dual-eligible, aging-in, caregiver-involved, and high-touch workflows
Interoperability and data usability	15	Data timeliness, cross-team actionability, trigger support, and manual reconciliation reduction
Member engagement effectiveness	10	Response rates, personalization, two-way engagement, and member understanding
Reporting and transparency	10	KPI visibility, audit trail quality, workflow-level reporting, and buyer confidence

TOTAL SCORE

Vendor evaluation model: 100 points total, weighted heavily toward operational impact rather than feature breadth.

CONCLUSION

The Medicaid-to-Medicare transition remains one of the most operationally sensitive moments in the member journey. While health plans and providers have invested across enrollment, analytics, engagement, and care coordination, the handoff remains vulnerable to confusion, fragmentation, and delayed action. Black Book's framework moves the market beyond broad claims of integration and toward measurable proof of operational readiness.

PUBLICATION OBJECTIVE

The report allows buyers to compare themselves against peers, identify the weakest layers in their transition stack, and evaluate vendors against the outcomes that matter most in the first 120 days.

APPENDIX: BLACK BOOK PAYER IT USER VENDOR RANKINGS

This appendix presents the final vendor ranking for the Medicaid-to-Medicare Transition Tech Stack based exclusively on Black Book survey responses from payer-side IT, digital, interoperability, operations, and direct system users. The ranking reflects only the experience of respondents who identified themselves as current users, executive sponsors, operational owners, or implementation leaders for the named products or services.

The ranked order below reflects how payer organizations judged vendor performance inside live transition-related workflows. Rankings were determined solely by Black Book's composite scoring model and were shaped by direct user evaluations of operational usefulness, workflow fit, implementation effectiveness, information flow, member and provider support, and overall strategic value during the first 90 to 120 days after transition.

Ranking Basis

- Only payer-side IT and operational user responses were included in the final vendor calculation.
- Each respondent rated only vendors they currently use in live production environments.
- The final order reflects Black Book's composite score across 18 qualitative indicators.
- The published appendix presents ranked standing rather than raw score values.

Qualitative indicators used in the ranking

1. Ease of implementation
2. Speed to first measurable value
3. Ease of integration with existing payer systems
4. Reliability and performance consistency
5. Usability for plan operations teams
6. Workflow fit for transition operations
7. Configurability and flexibility
8. Data accuracy and trustworthiness
9. Interoperability and data liquidity
10. Member engagement effectiveness
11. Provider collaboration effectiveness
12. Care management coordination support
13. Fit for dual-eligible and aging-in complexity
14. Reduction of manual workarounds
15. Reporting transparency and actionability
16. Compliance and audit readiness support
17. Client support responsiveness
18. Strategic value and renewal confidence

2026 ranked vendors: payer IT stack developers

1. Availity
2. Cotiviti
3. Edifecs
4. InterSystems
5. Innovaccer
6. HealthEdge Wellframe
7. Datavant
8. Icario
9. mPulse
10. Zipari
10. Advantmed
11. Reveleer
12. Onyx
13. Arcadia
14. Conduent
15. Inovaare
16. ZeOmega
17. Signify Health
18. Vim
19. Wolters Kluwer Health Language

Vendor profiles and payer-reported strengths

#1 Availity

Primary capability area: Interoperability and payer-provider connectivity

Overall Black Book standing: #1 of 20 based on payer IT and operational user composite scoring.

Availity earned the top position because payer respondents consistently associated it with dependable transaction performance, mature provider connectivity, and broad utility across the workflows that surround member transition, provider interaction, and operational exchange. In environments where transition success depends on fast, familiar, and low-friction movement of information, users described Availity as a platform that helps plans operate at scale without creating additional complexity for provider-facing teams.

Its strongest differentiators in this study were the practical features that reduce friction in daily execution: established provider-network reach, transaction reliability, strong integration fit inside existing payer environments, and a familiar operating model for administrative and clinical data exchange. Respondents also highlighted the platform's usefulness in supporting cleaner handoffs between internal teams and external partners when timeliness, routing accuracy, and workflow continuity are critical.

Against Black Book's 18 indicators, Availity was most often linked to reliability and performance consistency, ease of integration, provider collaboration effectiveness, reduction of manual workarounds, and strategic value. Its top placement reflects payer confidence that it improves the operational foundation on which more member-facing and care-management workflows depend.

#2 Cotiviti

Primary capability area: Payment integrity, analytics, and broad payer operations support

Overall Black Book standing: #2 of 20 based on payer IT and operational user composite scoring.

Cotiviti placed second because payer IT and operational users viewed it as a high-scale, enterprise-ready partner with strong value in data-intensive payer environments. Respondents most often tied its performance to broad operational depth, disciplined analytics, and the ability to support complex oversight functions without losing sight of execution at the plan level.

The features and innovations most frequently associated with Cotiviti in the survey centered on workflow visibility, analytical rigor, and the ability to connect adjacent operational domains that plans increasingly want to manage together rather than in silos. Users saw particular value where transition-related activity intersects with claims oversight, integrity, compliance-sensitive workflows, and enterprise performance management.

Cotiviti rated especially well on data accuracy and trustworthiness, reporting transparency, compliance and audit readiness support, reliability, and strategic value. Its high ranking suggests that payer clients see it not merely as an analytical or financial-control solution, but as a durable operational platform that supports decision quality during periods of heightened member and workflow complexity.

#3 Edifecs

Primary capability area: CMS interoperability, API enablement, and regulated data exchange

Overall Black Book standing: #3 of 20 based on payer IT and operational user composite scoring.

Edifecs ranked third because payer respondents consistently credited it with deep interoperability discipline, strong support for regulated exchange environments, and dependable execution in workflows where standards compliance and technical precision cannot be separated from operational performance. Users described it as particularly strong when plans need infrastructure that can support scale, control, and policy-driven requirements without undermining day-to-day usability.

Survey respondents most often pointed to Edifecs' strength in structured API enablement, data orchestration across legacy and modern formats, and its usefulness in environments that demand strong governance around exchange, authorization, and permissions. Those features made it especially relevant for organizations managing complex payer-to-payer, payer-to-provider, and member-facing information flows.

On the Black Book indicators, Edifecs stood out in interoperability and data liquidity, compliance and audit readiness support, reliability, data trustworthiness, and strategic value. Its ranking reflects payer confidence that it can translate highly technical interoperability requirements into stable operational capability that supports transition readiness.

#4 InterSystems

Primary capability area: Unified payer data services and longitudinal record enablement

Overall Black Book standing: #4 of 20 based on payer IT and operational user composite scoring.

InterSystems ranked fourth because respondents viewed it as one of the most capable platforms for plans that want to build transition workflows on a stronger data foundation. Payer IT users repeatedly linked the vendor to longitudinal record assembly, complex integration support, and better visibility across internal teams that would otherwise be working from fragmented information.

The features most often highlighted included its ability to support unified member views, standards-based exchange, broad integration patterns, and architectures that can carry information across eligibility, care management, provider operations, and member-support workflows. Respondents also pointed to the platform's usefulness in connecting data availability to operational action rather than stopping at data access alone.

InterSystems scored especially well on interoperability and data liquidity, configurability and flexibility, data accuracy and trustworthiness, workflow fit for transition operations, and strategic value. Its placement reflects payer perception that strong transition performance begins with information environments that are connected, trusted, and operationally usable.

#5 Innovaccer

Primary capability area: Gap closure, quality, and payer-provider workflow improvement

Overall Black Book standing: #5 of 20 based on payer IT and operational user composite scoring.

Innovaccer's fifth-place finish reflects its strong standing among payer respondents looking for tighter alignment between insight generation and workflow execution. Users most often associated the platform with turning risk, quality, and operational signals into action that can be routed to the right teams at the right time, especially where transition-related issues need to feed broader quality and performance programs.

Respondents highlighted its strengths in gap-closure workflows, provider-aligned action, consolidated operational views, and flexible support for teams that do not want separate tools for every quality or transition task. The platform was most often praised when it helped move organizations from retrospective reporting toward more immediate intervention across payer and provider settings.

Innovaccer rated strongest on workflow fit for transition operations, provider collaboration effectiveness, reporting transparency and actionability, configurability, and reduction of manual workarounds. Its placement in the top five suggests that payer users increasingly value platforms that connect risk and quality intelligence to practical intervention rather than treating them as separate disciplines.

#6 HealthEdge Wellframe

Primary capability area: Digital member engagement and care-management-connected outreach

Overall Black Book standing: #6 of 20 based on payer IT and operational user composite scoring.

HealthEdge Wellframe ranked sixth because payer respondents consistently viewed it as a credible front-end engagement layer for plans trying to stabilize members early in the transition period. Users described it as particularly valuable where organizations need a digital approach that goes beyond messaging alone and supports onboarding, assessment, and care-management coordination in the same operating model.

The most frequently cited features and innovations centered on digital outreach, assessment support, condition-aware engagement, and the way the platform extends care-management interaction closer to the member. Respondents also valued its ability to structure member communications in ways that support follow-through, not just notification, and to surface signals back to care teams for further action.

On the Black Book indicators, Wellframe performed best on member engagement effectiveness, care management coordination support, workflow fit, usability for plan operations teams, and fit for dual-eligible and aging-in complexity. Its ranking shows that payer users increasingly reward engagement tools that strengthen operational continuity rather than acting as stand-alone communication channels.

#7 Datavant

Primary capability area: Clinical data access, coding support, retrieval, and operational data collaboration

Overall Black Book standing: #7 of 20 based on payer IT and operational user composite scoring.

Datavant ranked seventh because payer users associated it with strong performance in the data-intensive portions of the transition stack, particularly where records, retrieval, coding workflows, and clinical data access affect how quickly a plan can understand and act on member needs. Respondents viewed it as especially valuable in environments that require dependable access to information from outside the plan's immediate administrative systems.

Its strongest perceived features were operational data access, support for high-volume retrieval and coding workflows, and the ability to improve continuity between clinical insight generation and downstream risk, quality, and operational action. Respondents also highlighted its value in reducing time lost to fragmented documentation and incomplete visibility across care-related records.

Datavant rated especially well on data accuracy and trustworthiness, interoperability and data liquidity, compliance support, reduction of manual workarounds, and strategic value. Its top-ten placement reflects payer belief that better access to usable clinical information materially improves transition decision-making and operational confidence.

#8 Icario

Primary capability area: Member activation, incentives, and engagement orchestration

Overall Black Book standing: #8 of 20 based on payer IT and operational user composite scoring.

Icario earned the eighth position because respondents consistently linked it to member activation and to the practical challenge of getting newly transitioned members to respond, complete next steps, and remain engaged. Payer users described it as particularly effective where engagement strategies must move beyond basic outreach into behaviorally informed action and follow-through.

The features most often highlighted included targeted engagement pathways, incentive-enabled activation, support for assessments and health actions, and strong alignment between engagement design and measurable member response. Respondents also noted its usefulness in environments where plans need to improve first-response rates, complete intake tasks, or move members into more structured care and navigation programs.

Icario rated highest on member engagement effectiveness, speed to first measurable value, fit for dual-eligible and aging-in complexity, usability, and strategic value. Its ranking reflects payer confidence that better-designed engagement programs can materially improve transition outcomes when they are tied to real workflows and measurable next actions.

#9 mPulse

Primary capability area: Omnichannel communications, consumer activation, and predictive engagement

Overall Black Book standing: #9 of 20 based on payer IT and operational user composite scoring.

mPulse ranked ninth because payer respondents viewed it as a mature engagement platform for plans that need to reach large, diverse member populations across channels without losing personalization. Users most often associated it with strong communication orchestration, scalable consumer outreach, and the ability to support plans that want more intelligence in how and when they engage members during transition.

Respondents highlighted its strengths in omnichannel sequencing, campaign execution, broad member-communications support, and predictive engagement approaches that help teams prioritize where outreach can have the greatest operational effect. It was seen as particularly useful where member confusion, unresponsiveness, or inconsistent follow-through threaten the stability of the first 90 days.

Within the 18-indicator framework, mPulse performed best on member engagement effectiveness, speed to first measurable value, usability, configurability, and reporting transparency. Its top-ten position indicates that payer users continue to place high value on engagement platforms that can scale while remaining operationally relevant to real transition workflows.

#10 Zipari

Primary capability area: Member and provider digital experience, portals, and self-service navigation

Overall Black Book standing: #10 of 20 based on payer IT and operational user composite scoring.

Zipari closed out the top ten because respondents valued its role in helping plans create more navigable digital experiences for members and providers. In the context of transition, payer users most often linked the platform to clearer self-service, better digital access to plan information, and smoother administrative continuity when members are trying to understand new coverage and next steps.

The top features and innovations cited in the survey centered on portal usability, digital self-service, member-facing navigation tools, provider-facing access support, and the platform's ability to present plan functions in a more organized and intuitive manner. Users also noted its usefulness in reducing service-center dependence for common administrative needs during periods of change.

Zipari rated best on usability for plan operations teams, member engagement effectiveness, configurability, reporting transparency, and reduction of manual workarounds. Its placement in the top ten reflects payer belief that transition stability improves when members and providers have better digital pathways to information and task completion.

#11 Advantmed

Primary capability area: Risk adjustment, review, retrieval, and assessment-aligned operations

Overall Black Book standing: #11 of 20 based on payer IT and operational user composite scoring.

Advantmed ranked eleventh and performed best among payer users who value execution strength across risk, quality, review, and retrieval-related workflows. Respondents most often associated it with practical operational support in environments where transition visibility and documentation quality influence broader plan performance.

Payer-reported strengths included review discipline, support for high-volume retrieval and assessment work, reliable operational throughput, and usefulness in reducing friction across documentation-sensitive workflows. It aligned most closely with the indicators for compliance support, reliability, data trustworthiness, and reduction of manual workarounds.

#12 Reveleer

Primary capability area: Risk adjustment, quality improvement, and end-to-end value-based workflow automation

Overall Black Book standing: #12 of 20 based on payer IT and operational user composite scoring.

Reveleer placed twelfth because respondents saw it as a broad workflow platform that connects risk, quality, retrieval, and improvement activity more cohesively than point solutions focused on only one part of the value chain. It was rated most favorably by payer users seeking tighter orchestration across coding, audit-sensitive, and improvement-oriented workflows.

Top strengths included end-to-end workflow support, automation across risk and quality processes, strong fit for plans rationalizing fragmented tools, and practical value in turning complex operational activity into a more manageable execution model. It aligned particularly well with workflow fit, reduction of manual workarounds, compliance support, and strategic value.

#13 Onyx

Primary capability area: FHIR interoperability and modern API enablement

Overall Black Book standing: #13 of 20 based on payer IT and operational user composite scoring.

Onyx ranked thirteenth and stood out with payer users focused on modern interoperability architecture, standards-based exchange, and implementation approaches that reduce delivery risk in highly technical environments. Respondents most often linked it to API readiness, structured implementation methods, and a disciplined approach to interoperability execution.

Payer-reported strengths included strong FHIR-oriented integration capability, support for complex exchange requirements, implementation clarity, and usefulness in plans modernizing the technical backbone behind member, provider, and payer information movement. It aligned most closely with interoperability and data liquidity, integration ease, compliance readiness, and strategic value.

#14 Arcadia

Primary capability area: Data platform, analytics, and operational performance insight

Overall Black Book standing: #14 of 20 based on payer IT and operational user composite scoring.

Arcadia ranked fourteenth because payer respondents valued its ability to organize large volumes of data into more actionable operational insight across payer and provider environments. It performed best where plans needed stronger visibility into performance, population trends, and team-level action opportunities.

Top strengths included analytical depth, support for population-level performance management, stronger visibility across distributed teams, and usefulness in environments treating transition as a data-orchestration challenge. It aligned most strongly with reporting transparency, data trustworthiness, configurability, and strategic value.

#15 Conduent

Primary capability area: Administrative transformation and member-service operations

Overall Black Book standing: #15 of 20 based on payer IT and operational user composite scoring.

Conduent placed fifteenth because respondents associated it with operational scale, disciplined process support, and structured administrative execution in high-volume health plan environments. It scored best where transition-related pressure shows up in service workflows, throughput, and administrative consistency.

Payer-reported strengths included workflow scale, administrative process support, strong service orientation, and practical value in environments that require structured execution across large member populations. It aligned most closely with reliability, ease of implementation, reduction of manual workarounds, and client support responsiveness.

#16 Inovaare

Primary capability area: Compliance automation and operational governance

Overall Black Book standing: #16 of 20 based on payer IT and operational user composite scoring.

Inovaare ranked sixteenth and performed best among payer users who prioritize defensibility, process control, and standardized handling of compliance-sensitive workflows. Respondents most often valued it where regulatory discipline and operational consistency directly affect member experience and internal readiness.

Top strengths included governance support, standardized workflow discipline, reporting control, and usefulness in audit-sensitive plan environments. It aligned most closely with compliance and audit readiness support, reporting transparency, reliability, and strategic value.

#17 ZeOmega

Primary capability area: Care management and payer workflow coordination

Overall Black Book standing: #17 of 20 based on payer IT and operational user composite scoring.

ZeOmega ranked seventeenth and remained well regarded among respondents focused on continuity, case routing, and coordinated follow-through across care-management workflows. It was rated most favorably in environments where transition success depends on longitudinal management rather than isolated transactions.

Payer-reported strengths included care-management workflow depth, coordination support, mature operational design, and dependable value in complex case-management settings. It aligned most clearly with care management coordination support, workflow fit, usability, and strategic value.

#18 Signify Health

Primary capability area: In-home support and field-based member engagement

Overall Black Book standing: #18 of 20 based on payer IT and operational user composite scoring.

Signify Health ranked eighteenth and performed best among payer respondents who continue to see strong value in home-based and field-supported approaches for members who are difficult to reach or stabilize through digital and call-center channels alone. Its strongest survey signals came from operational reach and member contact effectiveness.

Top strengths included in-home engagement, field-based trust building, support for complex and hard-to-reach populations, and useful visibility into barriers that are not easily surfaced in administrative workflows. It aligned most strongly with fit for dual-eligible and aging-in complexity, member engagement effectiveness, and reduction of manual workarounds.

#19 Vim

Primary capability area: Provider workflow enablement and point-of-care alignment

Overall Black Book standing: #19 of 20 based on payer IT and operational user composite scoring.

Vim ranked nineteenth and performed best with payer users who value action inside the provider workflow rather than outside it. Respondents most often linked it to reducing provider abrasion and making payer priorities more usable at the point of care, especially where continuity and gap closure require action in the clinical setting.

Payer-reported strengths included provider workflow fit, reduced payer-provider friction, point-of-care relevance, and support for coordination activities that depend on provider participation. It aligned most strongly with provider collaboration effectiveness, workflow fit, reduction of manual workarounds, and strategic value.

#20 Wolters Kluwer Health Language

Primary capability area: Coding productivity and audit-defensible documentation workflows

Overall Black Book standing: #20 of 20 based on payer IT and operational user composite scoring.

Wolters Kluwer Health Language rounded out the ranked set and performed best among payer respondents who prioritize coding accuracy, documentation discipline, and defensible workflows in audit-sensitive environments. Users rated it most favorably where precision and consistency matter more than breadth of workflow scope.

Top strengths included coding precision, documentation support, audit readiness, and strong value in compliance-sensitive plan environments where structured information quality drives operational confidence. It aligned most closely with data accuracy and trustworthiness, compliance support, reliability, and strategic value.

APPENDIX TAKEAWAY

Across the final ranked set, payer respondents most consistently rewarded vendors that reduced operational friction, improved usability inside live workflows, strengthened information flow across teams, and helped plans act more confidently during the first 90 to 120 days after a transition event. The highest-ranked vendors were those most often viewed as execution partners inside the transition operating model rather than as stand-alone point solutions.

ABOUT BLACK BOOK

Since 2004, Black Book has polled the users and buyers of payer information technology and managed services, building one of the industry's deepest longitudinal databases of client satisfaction, loyalty, operational experience, and qualitative KPI performance. Over 22 years, that body of research has captured how health plans and related organizations evaluate vendors in general, how they assess specific products and service lines, and how those views shift over time as market conditions, buyer expectations, and care-delivery models evolve.

Black Book's research framework tracks satisfaction trends, renewal sentiment, loyalty patterns, implementation experience, usability, service performance, and the practical strengths and weaknesses that emerge only through sustained client use. The result is a cumulative evidence base that enables more rigorous benchmarking of vendor performance, product maturity, and buyer priorities across payer operations, managed services, member engagement, interoperability, care management, and related healthcare technology categories.

Black Book remains committed to producing independent, insight-driven market intelligence that supports better decision-making for buyers of healthcare IT and managed services while also contributing to broader improvements in the delivery, coordination, and accessibility of healthcare worldwide. That commitment reflects a longstanding view that well-grounded performance intelligence does more than inform procurement decisions; it can also help strengthen the systems, partnerships, and operational capabilities that shape patient and member outcomes across global healthcare markets.