verato

Quality Care Matters

Case Study · Customer Success Story

The bottom line

A large health plan purchased Verato to be their EMPI solution, serving as the identity layer for their Universal Member View (UMV), a central location housing all demographic information on their members. This UMV feeds several downstream organizational systems such as their Enterprise Data Warehouse, Medical Management System, and Nextgen.

Verato helps us
manage these scenarios so we
can compile that true longitudinal view,
leverage the data accurately, and have
accurate calculations at the end of the
day. With the data, we can understand
fully what is happening within our
populations and take the appropriate
workflows and actions to manage
those populations appropriately.

Sr. Director of HEDIS

Over 75,000
nurses working
through managing their
member's health for
Medicaid, Medicare,
and private managed
care members

Identity matching improved from 85% to

98%



Case Study: Health plan EMPI solution

The challenge

The health plan receives continuous supplemental and EHR data feeds, requiring a centralized view of member records to support downstream systems and workflows, including their enterprise data warehouse. This warehouse powers risk and quality analytics, as well as HEDIS gap closure.

To modernize medical management and reduce manual effort, the company developed a cloud-based application that provides a comprehensive view of each member, accessible by case managers, nurses, and disease management teams before member engagement. The cloud system improved data consistency and resolved replication issues.

However, the plan's rules-based matching algorithm (not Verato) limited identity matching accuracy to 75-85%, leading to care gaps, reporting issues, and manual work to resolve unmatched identities.

Strategy

The member journey is crucial for both the health plan and the members, who expect seamless access to their data, regardless of the system it's stored in. This health plan conducted a survey to gather member experience feedback by region and further analyzed activities over the past year to assess:

- Regional experience based on claim adjudication delays
- Specialty care access issues
- Proximity to call centers
- PCP visit frequency
- Readmission rates

Using Verato, the health plan now unifies member data across systems with a common identifier, enabling advanced analytics to drive improved care experiences and inform strategic business decisions.



The company

This health plan is a leading healthcare payer organization offering a full spectrum of managed healthcare products including Medicaid, Medicare, and commercial products. At present, it is one of the largest Medicaid managed care organization sin the country and a leader in that space.

Through its portfolio of governmentsponsored and commercial healthcare programs, it:

- Serves more than 20 million members
- Serves over 50,000 employees
- Generates nearly \$100B worth of annual net revenue

Case Study: Health plan EMPI solution

Key benefit areas

Single sember profile: A member can have 3 or more different records within their profile at any given time if they are enrolled in 3 different lines of business. Today, searching for a single member presents data to satisfy the mandated set of requirements that need to be completed and recorded for each line of business.

Matching clinical data to the right member: To ensure a complete and accurate member view, the organization decided to step away from the use of their own matching systems and fully look to Verato to improve their member matching .

Caregiver efficiency: Today, the system has tens of thousands of nurses managing their members' health for ALL lines of business, like a mobile health coach program. For a Medicaid member requiring an in-home assessment to address activities of daily living, potential clinical needs, or social services referrals within 90 days of enrollment, users view all records in one profile.

Lessons learned

Without Verato, this health plan risked:

- Counting the same person multiple times, which artificially inflates membership
- Gaps in care associated with two separate records

Quality calculations are not just simple, straightforward, one system to one algorithm scenarios. They require:

- Claims information, potentially for multiple claims systems and different types of claims such as medical and dental
- Admit and discharge information
- Lab results, which could come from multiple systems
- Supplemental files from providers and continuity of care documents

Without a common identifier, data cannot be linked, resulting in data siloed across multiple member records. Complete records avoid identifying care gaps for a person when their true health picture has closed those gaps. With Verato as the identity layer for both, confidence in the reliability across systems with consistent and accurate identity provides confidence in the data serving downstream applications and workflows.

A complete member view contains:

- Clinical data
- Product(s) the member belongs to
- Subscriber IDs

- In-home assessments/ member screening documentation
- Other state mandated information

This longitudinal member view enhanced reporting and analytics from the enterprise data warehouse and helps to improve HEDIS scores.



