Provider Data: *The Foundation Health Systems and Health Plans Haven't Built Yet*

New national research reveals the efficiency and expansion gains health systems and health plans unlock by fixing provider data.

sage

verato

Table of Contents

Methodology & Demographics: At-a-Glance

Q2 2026: Verato commissioned Sage Growth Partners to independently recruit, survey, and screen health system and health plan leaders to ensure involvement with their organization's provider directory.

101 health system leaders

77% of survey respondents are VP level and above

$1B+ all participants work for health systems earning at least that in annual net patient revenue

84% represent an integrated delivery network or academic medical center

50 health plan leaders

72% of survey respondents are VP level and above

82% represent a national, regional, or employer-sponsored health plan

58% cover 1 million lives or more

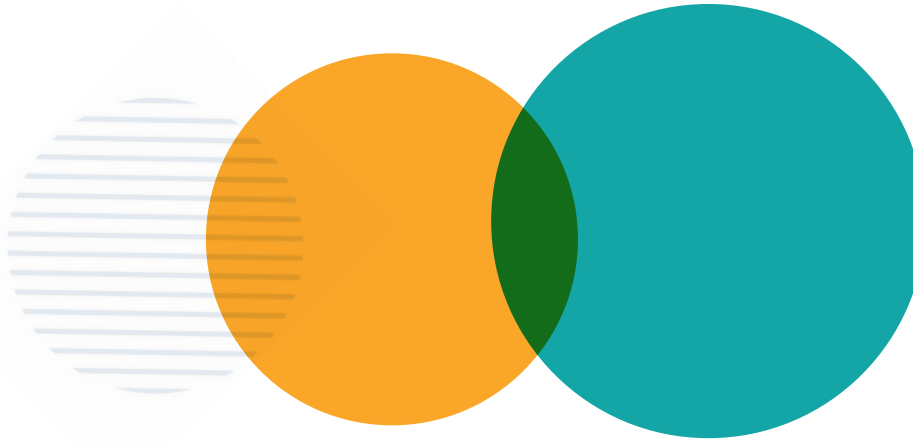
All research was double-blinded: participants did not know who commissioned the research, and Verato does not know who completed the survey.

Executive Summary

Provider data has become foundational to achieving strategic goals for both health systems and health plans. But most organizations are still managing it across numerous fragmented systems, operating with diffuse ownership models, and maintaining provider data via manual processes.

That needs to change. In fact, 85% of health systems indicate that achieving their top strategic priorities will require accurate, timely, and accessible provider data, and 78% of health plans agree, according to new independent research from Sage Growth Partners. But few of the participating executives rank the accuracy and timeliness of their data as good. Inaccurate data does more than undermine top strategic priorities. It degrades all the systems and initiatives that follow: reporting and analytics, claims processing, and patient and member experience, eroding trust while driving up operational expenses.

Health systems and health plans can begin overcoming those challenges by cleaning and unifying provider data. That also creates a strong foundation for gaining visibility into provider data across the entire organization.



Cleaning Provider Data Management to Establish Network-Wide Visibility

This research demonstrates that today's health systems and health plans struggle to effectively manage and maximize their provider data. That presents an opportunity to build a foundation that unifies and synchronizes core attributes of provider data, including NPIs, licenses, specialties, and locations.

Establishing that broader view serves as a baseline for delivering network-level insights and enriching provider records with advanced dimensions related to clinical activity, referral patterns, compliance, and health plan data.

Network-wide visibility, in turn, helps organizations advance strategic priorities, understand network performance, reduce leakage, deliver better patient and provider experiences, streamline efficiencies, and harness expansion and market growth opportunities.

Key Findings

85%

of health systems agree that clean provider data is essential to achieve their strategic priorities; among health plans that's **78%**

43%

of health systems rate the quality of their data as fair or worse, **46%** of health plans indicate the same—and only **12%** of both say their data quality is excellent

28%

of health systems have a fully implemented and maintained "golden record" or single source of truth for provider data; for health plans it's **36%**

88%

of health systems say inaccurate or incomplete provider data has a 'negative' or 'somewhat negative' impact on their ability to achieve strategic priorities; and **78%** of health plans say their experience is the same

The Current State: Provider Data is Complex, Decentralized, and Frequently Inaccurate

> The reason our provider data hasn't been fully solved is the absence of a trusted, continuously updated source of truth that flows automatically to every system that needs it.
>
> CHIEF MARKETING & CUSTOMER ENGAGEMENT OFFICER, REGIONAL HEALTH SYSTEM

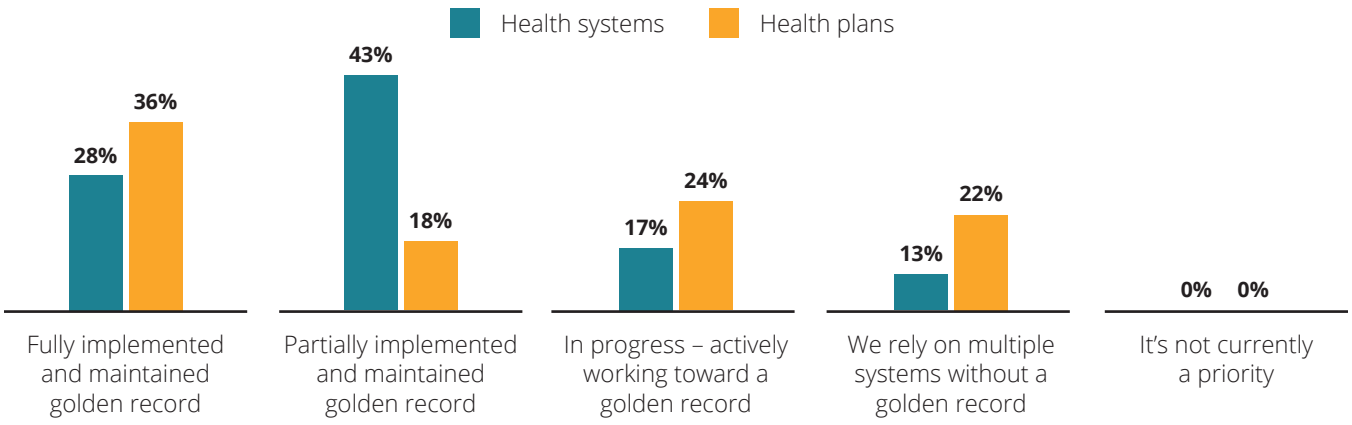
Health systems and health plans have struggled to effectively manage provider data for more than a decade. Why does this challenge persist in 2026?

Because healthcare organizations do not have a trusted source of truth that flows automatically to every system that houses or needs provider data. A decade of effort has not worked because different departments build their own tool such that every fix has been a point solution within one siloed system, and data typically re-fragments every time it leaves that particular system.

Since the problem has not been solved, provider data today is complex, incomplete, and outdated. Multiple stakeholders across a wide range of business functions are involved in managing provider data, including IT, medical staff services, physician relations, data analytics, and compliance teams. Additionally, both health systems and health plans rely on core IT infrastructure for managing provider data, and they have information scattered across provider directories, EHR, ERP, CRM, and claims administration systems.

Survey participants also say their provider data requires constant manual review, maintenance, and updating. Manual processes can cascade into labor-intensive administrative waste across a range of functions including credentialing verification, health plan panel reconciliation, and claims rework. The lack of regular updates leads to common types of errors, including duplicate records, incorrect or outdated site of locations, providers listed as active but no longer active, and inconsistent information about specialists. As a result, errors in the data are common, and health systems and health plans operate with lagging information about providers.

All health systems and health plans agree a golden record—a single, unified source of truth for provider data—is critical, but few have fully implemented a solution



The Opportunity: Leverage Clean, Unified Data as a Strategic Asset

Executives say their organization is not using its data as effectively as it needs to. That gap is also an opportunity. Consider: only 42% of health systems are very or extremely effective at leveraging data for network and market expansion; for health plans, that's even fewer at 32%. Further, only 41% of health systems say their organization uses data well for revenue cycle management, while fewer than half (48%) of health plans do so for claims adjudication.

Yet both health system and health plan leaders recognize that provider data is critical to expanding access to care, improving financial performance, managing compliance and risk, and digital health initiatives. The findings also show that high-quality provider data has become the baseline for broader digital transformation strategies. Accurate provider data is the essential underpinning for making AI investments work to enable automation, drive efficiencies, expand access to care, deliver modern patient and provider experiences, and reduce expenses.

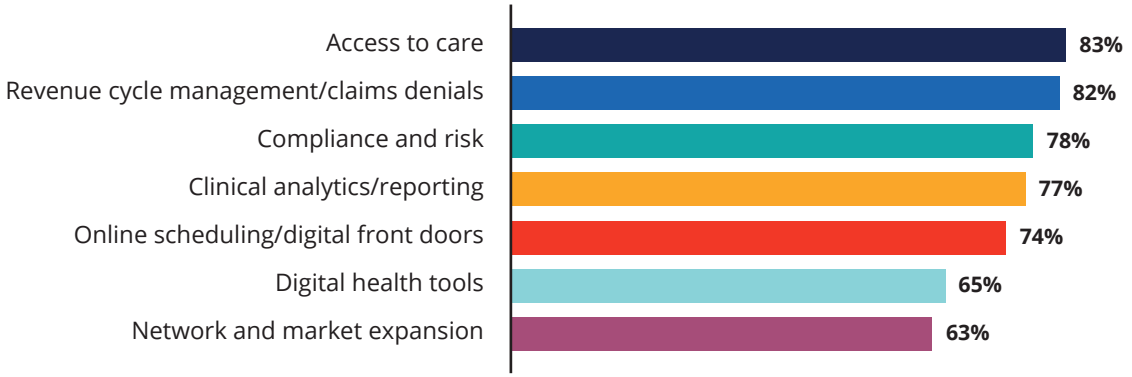
> "As we look at our performance, we have to identify high-performance providers. That means intaking data from various sources, whether it's an HIE, claims, or quality data through APIs from EMRs. Making all that usable is key to manage operational expense to be successful."
>
> AVP, NETWORK STRATEGY AND VALUE-BASED PROGRAMS, REGIONAL HEALTH PLAN

92% of health systems encounter data inaccuracies at least monthly, if not several times a week

98% of health plans report the same challenge

Given that 78% of health systems rank AI as the top technology area their organization will invest in during the next 1-3 years, and 70% of health plans do as well, both need a strong foundation of provider data to maximize those investments.

Health systems say accurate, unified data is critical for a range of use cases, including improving access to care and financial performance



Technology's Role: Transitioning from Provider Data to Network-Wide Visibility

> "Our number one priority is improving the inaccuracies in our directory. The problem is becoming more urgent because it's getting more exposure, and the infrastructure is getting closer to solving the problem."
>
> DIRECTOR OF PROVIDER DATA, REGIONAL BCBS

With a foundation of accurate, timely, and complete provider data in place, health systems and health plans can unify external reference data or a shared identity network to leverage cross-organizational insights at the network level.

Those insights can advance strategic priorities including market expansion and increasing access to care for both health systems and health plans. What's more, almost all executives believe that implementing technologies for network-wide visibility could enable them to eliminate at least one existing system. Fewer systems mean lower subscription and maintenance costs—and the opportunity to put unified provider and external data to strategic use.

Health systems' top 5 strategic priorities that survey respondents believe could benefit from network-wide visibility

1. Improving network and market expansion
2. Reducing referral leakage
3. Increasing access to care
4. Leveraging clinical analytics and reporting
5. Enhancing revenue cycle management (including claims denials)

Health plans' top 5 strategic priorities that survey respondents believe could benefit from network-wide visibility

1. Improving network and market expansion
2. Understanding provider affiliations and referral patterns
3. Developing value-based arrangements
4. Leveraging analytics and reporting
5. Improving quality programs to manage the total cost of care

The promise of a strong provider data management foundation and network-wide visibility

Survey respondents believe that implementing the right technology creates an opportunity to reduce the overall number of existing systems required for provider data

95% of health systems say they could eliminate at least one system—and **half (49%) say 3 to 5**

96% of health plans say they could eliminate at least one system—and **nearly half (46%) say 3 to 5**

Identity First: From Provider Management to Network-Wide Visibility

> The organizations that establish a genuine, continuously maintained source of truth for provider data in the next two to three years will have a structural advantage that compounds over time.
>
> CHIEF TECHNOLOGY OFFICER, ACADEMIC MEDICAL CENTER

The research points to a clear conclusion: network-wide visibility requires a trusted foundation, built in order. As more initiatives, partnerships, and AI applications come to depend on provider data, skipping ahead—running analytics or enrichment before resolving basic identity—only reproduces the fragmentation this research documents. Three layers, built in sequence, separate a durable foundation from a point solution: first resolve identity, then keep core attributes current, then layer in the network-level dimensions that make the data strategic.

1 → 2 → 3

Begin with identity, not analytics. Every downstream insight inherits the quality of the data beneath it, so the foundation must resolve each provider into a single, accurate identity even when source systems disagree. That requires matching that holds up as sources change and conflict, not brittle, rules-based approaches that need constant manual tuning.

Keep core attributes current. A resolved identity is only useful once it's populated with validated, up-to-date information—a provider's locations, phone numbers, and specialties. That means refreshing those attributes continuously against trusted external sources, so records stay accurate instead of decaying between manual updates.

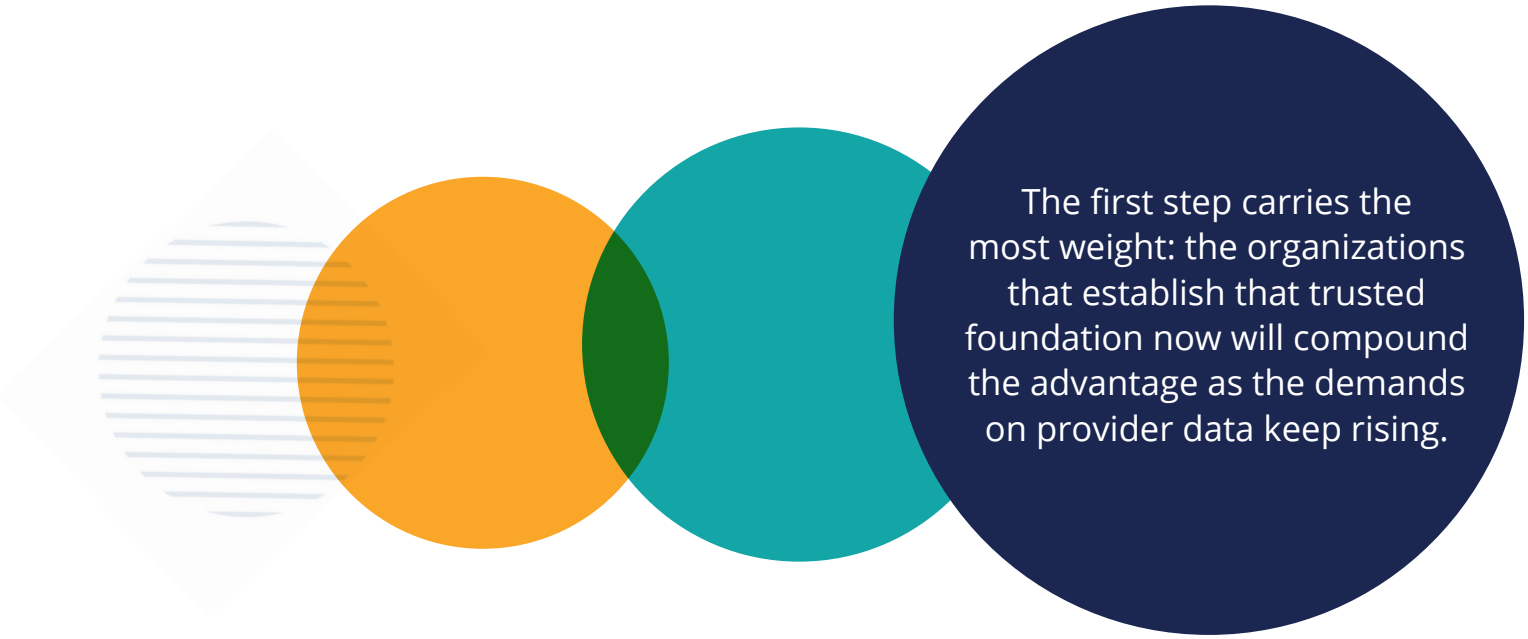
Layer in network-level dimensions. With identity and core attributes trustworthy, records can be enriched with the higher-order dimensions that drive strategy, including clinical activity, referral patterns, compliance, and health plan relationships. This is the step that turns a clean record into network-wide visibility across performance, affiliations, and leakage across the whole network, not just one system at a time.

Read together, these layers separate a durable foundation from a point solution. The organizations that follow this sequence—identity first, then core attributes, then network dimensions—are the ones positioned to turn provider data into a strategic advantage.

Looking Ahead

Provider data is shifting from a back-office maintenance task to the connective tissue of network strategy. Over the next two to three years, the organizations that treat it that way—as shared, continuously maintained infrastructure rather than a static directory—will separate themselves from the rest. Network-wide visibility, AI-enabled workflows, and cross-organizational identity are moving from competitive differentiators to baseline expectations.

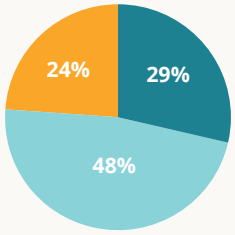
The near-term move is clear. Health systems and health plans should start by resolving fragmented, inaccurate provider records into a single trusted identity, then keep core attributes current, and from there layer in the network-level dimensions—clinical activity, referrals, compliance, and health plan relationships—that turn a golden record into strategic intelligence. The first step carries the most weight: the organizations that establish that trusted foundation now will compound the advantage as the demands on provider data keep rising.



Research Methodology & Survey Demographics

Health systems

Which of the following best represents your role?

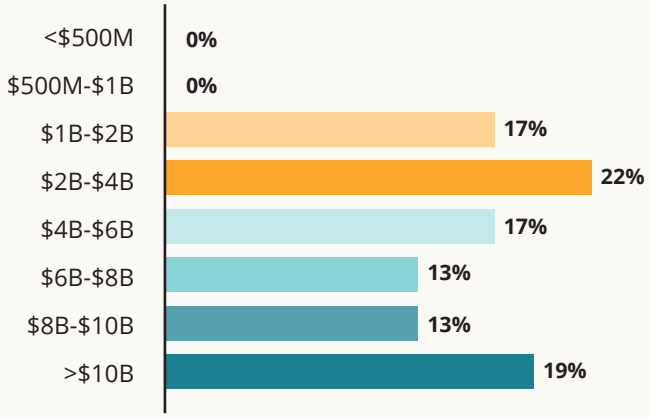


- C-suite Executive
- Vice President
- Director

Which of the following best describes the type of hospital or health system you work for?

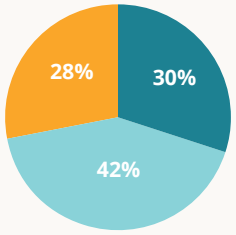
- Health system/Integrated delivery network (IDN)
- Academic medical center/training hospital
- Privately owned hospital group/health system
- Independent community hospitals
- Children's hospital
- Other

What is your health system's annual net patient revenue?



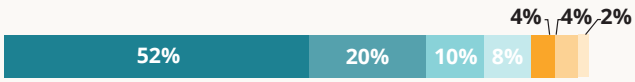
Health plans

Which of the following best represents your role?



- C-suite Executive
- Vice President
- Director

Which of the following best describes the health plan you work for?



- National health plan
- Regional health plan
- Provider sponsored health plan (Payvider)
- Tech-enabled and/or venture-backed health plan
- Government program plan (Medicare Advantage or Managed Medicaid, or both)
- Managed Services Organization (MSO)
- Third-party administrator

How many total lives are covered by your health plan?

sage

About Sage Growth Partners

Sage Growth Partners is a growth strategy and marketing firm with deep expertise in market research, go-to market strategy, and marketing communications. Founded in 2005, the company's extensive domain experience ensures that organizations thrive amid the complexities of a rapidly changing marketplace. Sage serves clients across the full healthcare spectrum, including GE HealthCare, Press Ganey, LexisNexis, ProgenyHealth, HMR Veterans Services, Eagle Telemedicine, Philips Healthcare, Cecelia Health, and Xealth. For more information, visit **sage-growth.com**.

verato®

About Verato

Verato®, the identity intelligence company, solves the problem that drives everything else—Knowing Who Is Who™. Proven in healthcare. Trusted everywhere.

Verato MDM Cloud™ delivers unprecedented identity intelligence by combining industry-leading identity accuracy with enterprise-wide data mastering to unify, enrich, and manage identities across systems of insight, engagement, and record—unlocking more accurate, actionable data insights.

With complete, accurate, and trusted identity intelligence, Verato improves business results by powering exceptional consumer experiences and patient outcomes, fueling business growth, accelerating AI readiness, boosting productivity, and reducing costs across every business process that consumes identity. For more information, visit **verato.com.**