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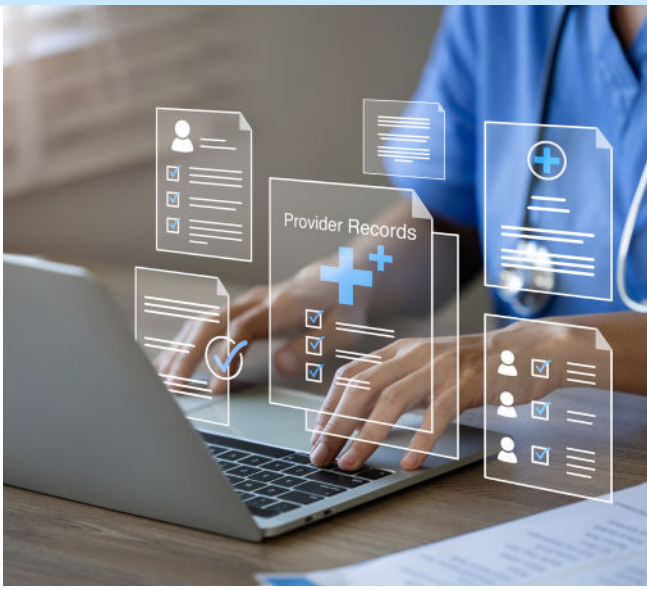
From Liability to Leverage:

Mastering Provider Data to Unlock Growth, Efficiency, and Trust

Executive Summary — "The Problem Is Real"

Provider data has become one of the most consequential assets in healthcare, directly influencing patient access, referral management, revenue integrity, compliance readiness, and digital engagement. Yet confidence in this data remains low. In a recent survey, **68%** of IT leaders expressed concern[1] about the quality of their provider data and more than half reported limited trust in the analytics built upon it.

The magnitude of the problem is large and measurable. More than 30% of provider records[2] contain inaccurate or missing National Provider Identifiers (NPIs) and 23% of addresses are wrong or missing, while 20–30%[3] of physicians change affiliations every year. Up to 20% of provider records in medical groups are new or changed within two years.



The financial impact is equally significant. Inaccurate provider data contributes to **$17B** in annual denied-claim waste.[4] Physicians and staff spend **12–13** hours per week[5] navigating prior authorization and denials, with a meaningful share tied to errors in NPIs, network status, taxonomy codes, or site-of-service data.

Compounding the pressure, the **No Surprises Act (NSA)** requires provider directory verification every 90 days and mandates updates within two business days when information changes. Violations can lead to civil penalties up to $10,000 per provider. Yet **44.8%** of inaccurate directory listings remain wrong[6] up to 280 days after first identified, highlighting how difficult compliance is without automated processes.

Consumers feel these failures directly. **46%** of patients look online[7] or at their health plan directory when choosing a provider. Inaccurate digital profiles immediately undermine patient acquisition and schedule conversion, creating friction at one of the most important touchpoints of the care journey.

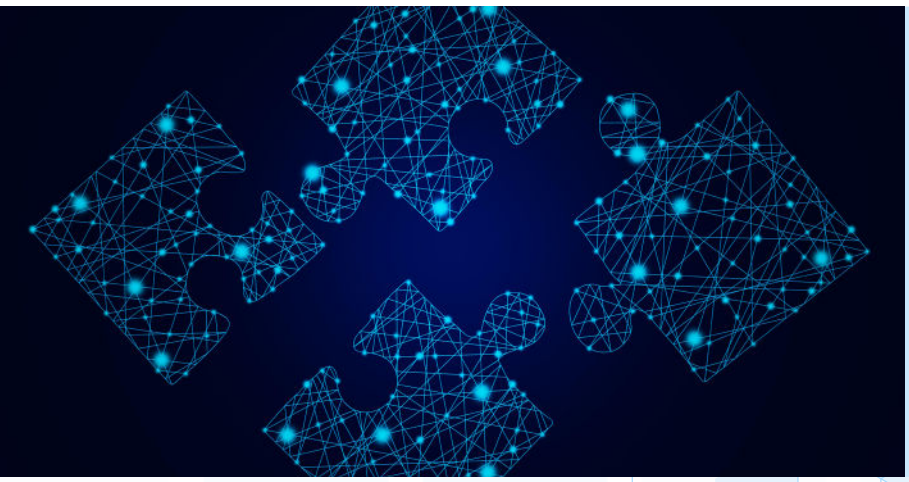
In this environment, provider data has become both a liability and a strategic opportunity. Organizations that unify, enrich, and continuously update their provider data can protect revenue, improve compliance readiness, and increase patient engagement while strengthening their competitive position.

The untapped potential of provider data

Provider data influences nearly every workflow in healthcare, yet most organizations underestimate how many systems depend on it. Scheduling, referrals, credentialing, revenue cycle, payer interactions, analytics, marketing, and digital experience platforms all rely on accurate provider profiles. When these systems operate on conflicting or incomplete data, inefficiency spreads across the enterprise.

This disconnect stems from how provider data is stored and maintained. Different systems capture different attributes and update them independently. EHRs manage one version of a provider, credentialing teams maintain another, marketing relies on custom fields or spreadsheets, and payer rosters introduce yet another version of the truth. Enriched provider attributes such as specialties, clinical interests, and referral relationships often remain siloed within departmental tools and never make their way into enterprise workflows.

The challenge is not insufficient data but disconnected data. Without a unified provider identity that links individuals, organizations, and practice locations, downstream processes degrade, and trust between patients and providers erodes. Scheduling fails, referrals leak out of network, digital directories become unreliable, and strategic planning is based on outdated information. Organizations that fix this disconnect create a foundation for meaningful operational and strategic gains.



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Where health systems have already invested — and where gaps remain

Many organizations have made earnest attempts to address provider data challenges, and investment in provider data capabilities has grown in the last several years. Yet even with these investments, significant gaps remain that prevent organizations from reaching accuracy, automation, and reliability at scale.

Some have deployed general-purpose master data management (MDM) solutions, which help manage basic identity attributes but often struggle with healthcare's complex provider hierarchies, multi-location affiliations, and nuanced provider-organization relationships such as centers of excellence, multi-specialty clinics, or institutes. Others have implemented point tools focused on directory compliance or credentialing, which improve discrete workflows but fail to unify provider data across the enterprise. Still others built internal repositories or SQL-based data marts that ingest data from multiple systems but lack advanced identity resolution, third-party enrichment, or automated verification.

These approaches create progress but leave systemic challenges in place.

Provider identity remains fragmented. General-purpose MDM often cannot resolve person–location–organization relationships with the precision healthcare requires.

Enrichment is inconsistent. With 20–30% of affiliations changing annually and frequent updates in license status, NPI mapping, and network participation, static systems degrade rapidly.

Community providers remain invisible. Network planning and growth strategies require visibility into independent clinicians, but many solutions focus only on employed or credentialed providers.

Manual processes persist. NSA-driven directory verification takes **4–16 minutes per provider**[8] every cycle, consuming thousands of hours for large organizations.

Data activation is limited. Even when upstream data improves, it often fails to reach CRMs, scheduling platforms, network management, and digital tools consistently.

Governance is incomplete. Without clear ownership and survivorship rules, conflicting updates reemerge.

The result is that most organizations today have invested in pieces of the problem but still lack an end-to-end provider data strategy that unifies identity, maintains accuracy over time, and distributes that accuracy into every workflow that depends on it.

Fragmentation limits growth

Fragmented provider data does more than create operational friction; it constrains strategic growth at a moment when health systems face unprecedented competitive pressures. The provider ecosystem itself is increasingly fluid. The average physician turnover rate is 10%, locum coverage is expected to keep growing,[9] and care continues shifting across ambulatory and virtual settings.

This volatility cascades across operations.

Marketing teams lose conversion volume when inaccurate location or specialty data undermines SEO and digital campaigns, especially since half of all patients rely on online search or directory listings to choose a provider.

Referral workflows break when specialties, locations, or panel status are wrong, contributing to the leakage that erodes revenue.

Care coordination suffers when missing or incorrect addresses lead to misrouted referrals, an issue experienced by **up to 70% of hospitals.**[10]

Revenue cycle teams face preventable denials and delays driven by errors in NPIs, taxonomy, or network status: Inaccurate provider data causes **claim delays averaging 12 extra days.**[11]

Directory compliance teams struggle to meet NSA standards, especially when nearly **half** of inaccurate directory listings remain unresolved beyond the 90-day requirement.

These issues collectively reduce revenue capture, increase regulatory exposure, and degrade patient trust.

Without a unified, continuously updated source of provider data, organizations are forced into reactive cycles that drain resources and limit strategic options.

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Turning provider data into a growth engine

When provider information becomes accurate, enriched, and unified across systems, the data transforms from a source of operational burden into a powerful growth engine. Instead of navigating conflicts or working around outdated data, teams can rely on a common foundation that strengthens patient access, improves clinician engagement, and supports more effective network strategies. A trusted provider data layer ensures every touchpoint—from digital search to EHR routing to claims adjudication—functions as intended.

Provider data has two critical strategic growth roles within a health system or payer organization:

1. **Patient acquisition.** Provider data serves as an avenue for attracting and retaining loyal patients, ensuring positive patient experience and care quality, and, overall, ensuring consumer trust in your organization.

2. **Expanding your provider network,** retain and engage providers, and strategically leverage your network for revenue growth, while reducing operational inefficiencies and manual data burdens.

This impact extends across a wide range of initiatives impacting both patients and providers within your network.

Patient Engagement and Acquisition:

Patient access and trust:

A digital provider directory is often a patient's first meaningful interaction with a healthcare organization, making accuracy critical from the start. Up-to-date provider data allows patients, call centers, and practice staff to easily find and schedule with the right clinician across websites, patient portals, mobile apps, health plan directories, and search tools. When listings are complete and reliable, patients can move from search to appointment without friction. Accurate provider information also builds confidence at a moment when trust matters most. **Nine out of 10 patients say accurate listings are essential to establishing trust, and nearly half report they would walk away from a provider if information is incorrect or missing.**[12]

More effective targeted marketing:

Digital ad spend is optimized when the right message meets the right person at the right time. With enriched provider data, campaigns align to actual provider attributes, availability, and locations, presenting only the most relevant services and providers to each target population.

Provider Experience, Expansion, and Retention:

Physician referrals:

Providers rely on directory information when making referrals. Clean data strengthens referral pathways and reduces leakage by ensuring referring providers have a comprehensive view of relevant clinicians and can trust the accuracy of directories and EHR referral lists. This same information is needed by specialists to communicate back to the referring physician, ensuring continuity of care for patients.

Network management:

Leaders can make smarter decisions about where to expand services, recruit specialists, or form new affiliations. This is especially pressing as **over 100M Americans do not have access to a primary care provider,**[13] leading to missed preventative care and an increase in emergency room visits. With **new patient appointments averaging 30-40 days**[14] out, an accurate view of the provider network is essential to optimize utilization and improve the wait time to appointments.

Search engine and AI optimization (SEO):

Optimized provider profiles appear more prominently in relevant searches and support your providers in driving the growth of their practice. Having accurate location and specialty information increases a provider's relevance in consumer search. With the rise of AI Overviews, it is critical to have accurate information across all sites and platforms that an AI agent may draw from.

Accurate syndication across third-party directories:

This includes Google Business profiles, ratings sites like Healthgrades, and payer websites. Google is constantly updating its search information and **88% of consumers begin their search for a doctor on Google,**[15] making it all the more important that data is accurate and up to date. In short, organizations that operationalize accurate provider data unlock new capacity for growth. Rather than reacting to misinformation or resolving conflicts manually, they can shape patient demand, guide clinicians effectively, and strengthen their market position.

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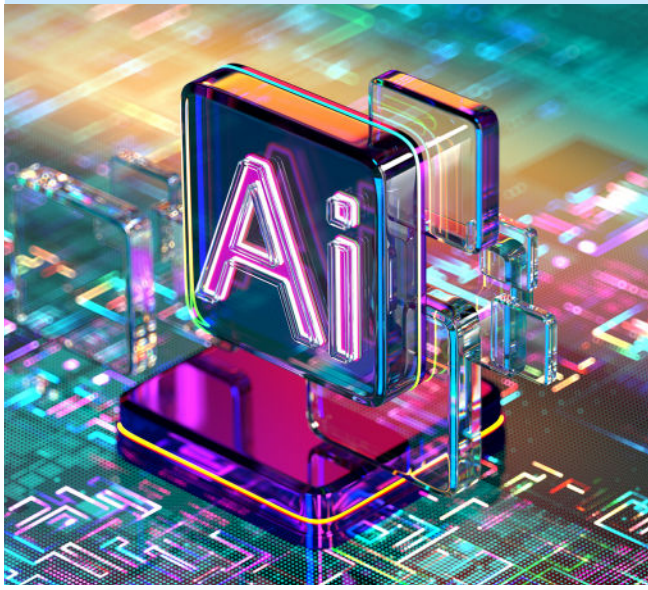
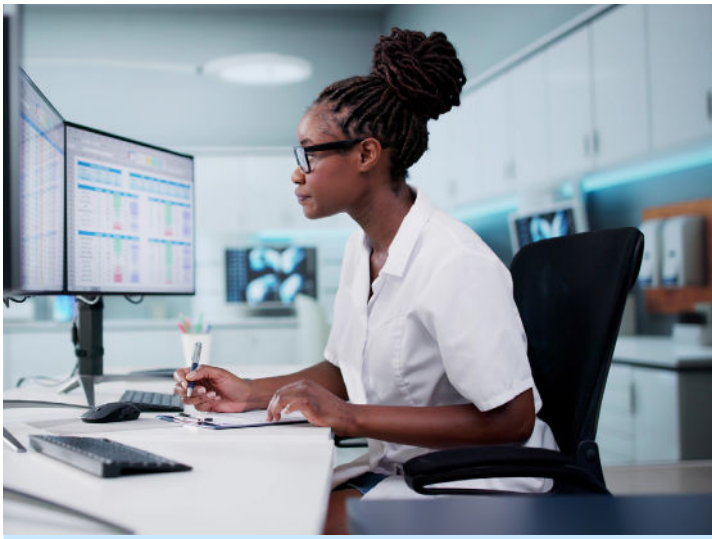


Real-world results and lessons

1 A multi-state health system discovered that fragmented provider data was undermining core operations. Referring provider records were often created in the moment, leading to inconsistent names and locations across credentialing, billing, referrals, and analytics. By implementing a centralized provider data hub built for healthcare, the organization standardized processes, incorporated reference data to reduce manual entry, and validated locations across states. These improvements even enabled automated identity-driven tasks such as password resets, reducing IT burden.

2 A Pacific State Department of Health faced ongoing challenges maintaining trusted provider information across specialties and locations. By implementing a unified provider data management (PDM) solution, the department synchronized provider information statewide and enriched attributes such as specialties and affiliations. This provided better visibility into network adequacy and improved the quality of public-facing directories.

3 A national digital health solutions organization struggled as thousands of reimbursement checks were returned due to inaccurate provider location data. Within six months of deploying a modern PDM platform, the organization reconciled provider demographics and locations, significantly reducing payment issues and improving value-based care workflows.



These examples show that organizations can solve long-standing provider data challenges when they combine healthcare-specific identity resolution, automated enrichment, and activation across systems.

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A more actionable roadmap for growth-ready provider data

Modernizing provider data begins with recognizing that it is an enterprise asset. Organizations must establish clarity around where provider data lives, how it is managed, and how it is distributed throughout the organization. This visibility provides the foundation for enterprise governance—ensuring that updates are consistent, controlled, and aligned to organizational goals.

1. Assess silos and data gaps

Before taking steps to unify provider data, map how provider data flows across the organization, identify stakeholders, and determine where teams are lacking actionable, correct data.

2. Unify into a single source of truth

Implement a PDM solution or middleware layer and add your clinician, facility, and organizational data. The solution should synchronize updates and consolidate identity resolution, affiliations, and credentials into a unified record to create a single source of truth for provider data, including a single enterprise ID for each entity.

3. Establish a provider data governance framework

Unifying data is more than a technical exercise. The people who are responsible for the various provider data systems must come together to support the unified approach to PDM.

4. Enrich and verify data continuously

Fill in the blanks of your provider data with core license, specialty, and outreach data. Use referential data and automated processes to keep information current as providers change locations, participation status, or credentials.

It is tempting to start with adding enrichment data in the hopes of rounding out provider profiles, but unifying your existing provider data should be the first step. If you do not have a single, 360-degree view of each provider, even the best enrichment data cannot complete the picture.

5. Manage data and maximize quality

Provider data management must be sustained through monitoring and governance. Quality dashboards and stewardship workflows help detect issues early and ensure updates are applied consistently.

6. Propagate provider data throughout the organization

Distribute the best version of your unified and enriched data into workflows and data platforms. This ensures the correct, applicable provider data is injected into every application that needs it and every team has the right information available to them.

7. Get the right insights to accelerate growth

Gain actionable insights into the providers in your service area using analytical models in your PDM solution. This helps you understand affiliations, networks, and growth opportunities, such as areas lacking healthcare access.[1]

This roadmap offers foundational steps for assessing and maximizing provider data. From seemingly simple tasks, like ensuring correct fax numbers in every provider record, to more complex initiatives, like understanding the overlap between employed and contracted providers, every project is built on the premise of connected, complete data.

Conclusion

Provider data is no longer a back-office concern. It is a foundational component of patient access, revenue integrity, provider engagement, digital experience, and regulatory compliance. Fragmentation, manual cleanup cycles, and siloed systems create cost, risk, and missed opportunities at a time when healthcare organizations must operate with greater precision and agility.

Modernizing provider data management does not require a large-scale, multi-year transformation. With automation, referential data, healthcare-specific identity resolution, and flexible integration patterns, organizations can establish a unified, continuously updated source of truth and activate it across all systems and workflows.

Organizations that take this step will be better positioned to protect revenue, meet regulatory requirements, improve patient experience, and compete effectively in a rapidly evolving healthcare landscape.

Verato Provider Data Management™ gives healthcare organizations a single, trusted source of truth for provider data across the enterprise. Purpose-built for healthcare, it resolves provider identities across people, organizations, locations, and relationships, then continuously enriches and verifies that data as it changes. This eliminates fragmented records and keeps provider information accurate across clinical, operational, financial, and digital systems.

With accurate provider data flowing automatically into EHRs, revenue cycle, credentialing, directories, and digital access tools, organizations can reduce manual work, limit denied claims, improve compliance readiness, and deliver a more reliable patient experience. Verato Provider Data Management turns provider data from a source of waste and risk into a foundation for operational confidence and sustainable growth.

Sources

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Verato® enables digital engagement, clinical interoperability, cloud transformation, and provider data integrity by solving the problem that drives everything else — Knowing Who Is Who™. The Verato hMDM™ platform, the industry's first purpose-built healthcare master data management solution, enables a complete and trusted 360-degree view of patients, consumers, members, providers, and communities. Over 90 of the most respected brands in healthcare rely on Verato to connect, identify, enrich, manage, and activate person and provider data across the complex digital health ecosystem with unprecedented accuracy, ease, and time-to-value. With a secure enterprise-wide single source of truth for identity, Verato ensures that you get identity right from the start. For more information, visit **verato.com.**