

3 challenges in identity management for HHS

And how to overcome them

verato



Executive Summary

Health and Human Services (HHS) agencies improve the lives of people in need through many different programs and services. But managing the identities of every individual served can be a difficult task for several reasons:

- People are often eligible for more than one service.
- They also often cycle through periods of eligibility and ineligibility.
- Departments and agencies don't have standardized information sharing procedures and tend to work in silos.
- Different programs collect different demographic attributes and at different times.
- On top of this, they sometimes don't utilize the same databases to confirm personal information of participants.

Improving data sharing across programs and departments to streamline efforts and to ensure people are enrolled in the programs they are eligible for is of the utmost importance for HHS agencies across the country. Program participation is associated with improved health outcomes, long-term financial benefits for people and the communities they live in, and even reduced crime rates. In order to see a complete and accurate view of every program participant, agencies need a robust identity management solution.

The Verato hMDM platform enables agencies to clean up and organize their data, improve information sharing, and gain a 360-degree view of every resident.

1

Outdated information can cause high churn

Why is a 360 degree view hard to attain?

Churn refers to beneficiaries disenrolling and re-enrolling in a program within a short period of time, either when individuals become ineligible or fail to re-enroll for any reason.

Gaps in coverage are not unusual for Medicaid enrollees; the average beneficiary is covered for less than 10 months of the year.¹ Causes for disenrollment include temporary ineligibility and procedural reasons; the latter covers any instance of a beneficiary not completing the renewal process. This can occur when the state has outdated contact information, or the enrollee does not understand the process or otherwise does not complete it. Of all people who were disenrolled from Medicaid between April and October 2023, 72% lost coverage due to procedural reasons.² Disenrollment for procedural reasons is especially concerning as it can indicate that beneficiaries lost coverage despite still being eligible for Medicaid.

72%

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¹ <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>

² <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/>

Disruption in coverage increases administrative burdens, costs, and the risk of poor health outcomes.

People may put off seeking care during periods of disenrollment, leading to delay in care, lack of early intervention, and costlier care. In fact, one study found adults with 12 full months of Medicaid coverage in 2012 had lower average costs (\$371/month) in 2021 after adjusting for inflation than those with six months of coverage (\$583/month) or only three months of coverage (\$799/month).³

The U.S. Department of Agriculture (USDA) also cites costs associated with churn in its Supplemental Nutrition Assistance Program (SNAP) as one of its larger policy concerns.⁴ A study looking at churn in six states found the rate ranged from 17% to 28%. Leading factors include various changes in household circumstances, with one out of five beneficiaries failing to re-enroll due to address changes.

During the COVID-19 pandemic, when the continuous coverage provision maintained people's eligibility status, it became clear what a significant effect churn has on the work of processing applications. Unlike other benefit programs, Medicaid saw a sharp drop in applications starting in April 2020, indicating many Medicaid applications are from beneficiaries reapplying after losing coverage.⁵

High churn is concerning as it indicates people lose coverage despite being eligible for Medicaid. Outdated contact information and barriers to completing paperwork are common reasons people do not complete the re-enrollment process.

³ <https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0455>

⁴ <https://fns-prod.azureedge.us/sites/default/files/ops/SNAPChurning-Summary.pdf>

⁵ https://www.clasp.org/wp-content/uploads/2022/07/2022.07.28_States-Must-Plan-Now-to-Limit-Medicaid-Churn-When-Continuous-Coverage-Ends.pdf



An identity management solution can help reduce the causes of churn

When agencies don't have the right contact information for beneficiaries, it can be very difficult to ensure these individuals re-enroll in the programs they are eligible for. While outdated, incorrect, or incomplete contact information is only one of the reasons assistance programs see churn, it is a challenge that can be effectively addressed with the right solution.

Imagine if you had access to updated addresses from other sources where the person is more likely to indicate a change in address. An identity management solution offering reliable enrichment data can make all the difference in reaching vulnerable populations and ensuring they enroll – and stay enrolled – in programs they are eligible for.

Other times, beneficiaries do not complete re-enrollment paperwork because they have difficulty understanding the required steps or are unaware of their continued eligibility. With the right data, you can understand a person's education, spoken languages, and other factors to tailor care coordination and engagement opportunities.

Fairfax County in Virginia partnered with Verato to connect data from multiple agencies for a more holistic view of every resident, which allows the county to identify and reach residents who might be missing out on services.

“As we pull in this data, we can reach out proactively to a resident who, for example, has paid their taxes late every year for the past five years, and see how we can assist them. We’re looking at this data holistically, with an eye toward understanding who those individuals are and what we can do to provide better services for them.”

— Deputy Chief Information Officer, Fairfax County.

The Verato hMDM platform allows you to append a wide array of patient demographic data ranging from basic contact information like missing phone numbers and addresses to lifestyle data like income, ethnicity, race, occupation, and interests. By identifying the people returning to your programs and knowing how to best support them, you can ensure a smooth process on both sides.

Verato helps reduce churn by enabling you to reach the right people in the right way to ensure they receive the right services.

2 Agencies often have siloed views of the people they serve

Many – but not all – services supporting low-income individuals and families have similar eligibility requirements. While this should mean participants should easily be enrolled in all programs they are eligible for, this is often not the case.

While Medicaid provides healthcare coverage for low-income individuals, Medicare covers people over 65 and those with disabilities. A total of 12 million people are eligible for both services, comprising more than 15% of all Medicaid enrollees.⁶ Knowing which services are covered by which agency can be difficult to discern. Medicaid and Medicare utilize sometimes contradictory payment strategies and as the two programs are not integrated, navigating coverage options can be cumbersome for providers and enrollees and even lead to delay in care.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Head Start Programs also often serve the same participants. WIC aims to support the health of low-income pregnant women and children under the age of 5 who are at nutritional risk. In 2022, WIC served 6.3 million participants each month.⁷ Head Start, on the other hand, aims to improve school readiness in children from low-income families by offering educational, social, nutritional, health, and other services.

⁶ <https://www.medicaid.gov/medicaid/eligibility/seniors-medicare-and-medicaid-enrollees/index.html>

⁷ <https://www.ers.usda.gov/topics/food-nutrition-assistance/wic-program/#:~:text=WIC%20served%20about%206.3%20million,infants%20in%20the%20United%20States.>

In 2020, Head Start served more than 839,000 children and pregnant women.⁸

Even though families who qualify for Head Start also qualify for WIC, participants are not always co-enrolled in both programs. The same is true for WIC and other programs with the same eligibility requirements. Nationally, more than 50% of WIC-eligible SNAP and Medicaid recipients do not participate in WIC.⁹

However, enrollment rates can be improved when programs collaborate. The 2014 Connecticut Special Project Grant, WIC and Head Start Better Together Collaboration Program, found a formalized partnership between the two programs resulted in increased sharing of participant data, referrals between programs, coordination of nutrition education, and other cooperation aspects.¹⁰ The U.S. Department of Agriculture (USDA) and Administration for Children and Families have since published a guide to enhancing services between WIC and Head Start programs. Strategies include sharing of eligibility, medical, and statistical information and cross-program referrals.¹¹

When individuals are eligible for two or more programs, information is often kept in different, siloed systems, making it difficult to see the whole person.

50%

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⁸ <https://eclkc.ohs.acf.hhs.gov/about-us/article/head-start-program-facts-fiscal-year-2021>

⁹ <https://www.fns.usda.gov/research/wic/eligibility-and-program-reach-estimates-2021>

¹⁰ https://wicworks.fns.usda.gov/sites/default/files/media/document/2014_SPG_Connecticut_Head_Start_Better_Together_Collaboration_Project_Final_Report.pdf

¹¹ https://wicworks.fns.usda.gov/sites/default/files/media/document/10_Ways_WIC_and_Head_Start_Can_Collaborate.pdf

Achieve a holistic view of your beneficiaries

Information silos happen when data is not shared across agencies, programs, and systems. This common occurrence makes it difficult to see every program a beneficiary is enrolled in—and importantly, which ones they are eligible to be enrolled in but are not.

Imagine if there was a light-weight solution that can link across the silos and automatically build an enterprise-wide view, all in real-time. By seamlessly sharing information between sources, you can build a whole-person view of every individual you serve.

Verato helps agencies connect the dots for a holistic, longitudinal view of the population they serve. This allows you to track beneficiaries across programs and identify gaps in coverage. By accurately linking public health and other systems to assistance programs, you can even gain new insights like vaccination rates of Medicaid and CHIP participants.

One Verato customer, a nonprofit HIE in the Western U.S., was using social determinants of health (SDOH) to help its state reduce health inequities. By partnering with Verato, the HIE was not only able to offer the state an updated Medicaid roster but was also able to identify nearly 17,000 children who were eligible for WIC but not yet enrolled, adding \$37 million in state funding.

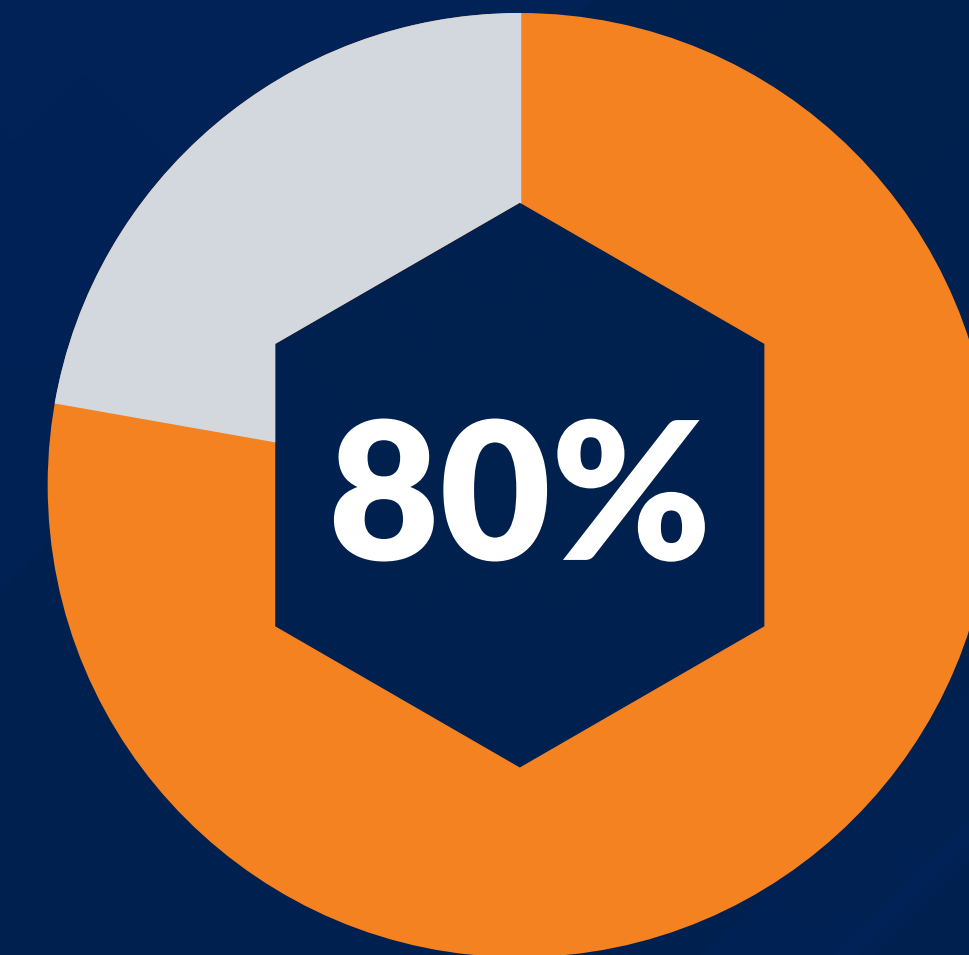


“The true value of our relationship with Verato is that our organization now has the confidence to strategically use our data.”

— CEO of larger western HIE

Seeing the full picture, including supplemental data, is especially important as social determinants of health factor into 80% of health outcomes. By utilizing a trusted identity management solution, HHS agencies are empowered to make key decision confidently.

Verato helps create a 360-degree view of every individual in your population so you can easily track and manage program participation.



3

Agencies don't share information with each other

The U.S. Department of Health and Human Service's 29 agencies collect a wealth of health information every day. This data, however, is often kept in silos, which makes it difficult to know what information is being collected and how to access it, a report by the HHS Office of the Chief Technology Officer found in 2018.¹² The Department lacks a standardized process for sharing and requesting data between agencies; agencies are also not accountable for their responses to data sharing requests as there are no consequences for inappropriate denial or considerable delays. As a result, data is often only shared on an ad-hoc rather than on a regular basis. Many state departments and agencies face the same issue.

Issues can arise when individuals are eligible for more than one service, as is often the case, but agency silos hinder timely information sharing vital to referrals, collaboration, and whole person care across programs.

Such disconnect often affects the most vulnerable populations. Individuals leaving prison have a 12 times higher risk of death than the average population in the first two weeks after release, in no small part due to gaps in healthcare coverage.¹³ Despite high rates of poverty and disability, incarcerated individuals often lose health coverage when they enter custody, even when they were covered before. While the Center for Medicare and Medicaid Services has recommended individuals be returned to Medicaid rolls upon return, disconnects between agencies leave them vulnerable. When agencies work together to connect individuals across programs, they can see people's entire journey—from public safety to community health programs.¹⁴

¹² https://www.hhs.gov/sites/default/files/HHS_StateofDataSharing_0915.pdf

¹³ [https://www.prisonpolicy.org/blog/2022/11/28/medicaid/#:~:text=While%20this%20reform%20does%20not,their%20pre%2Dincarceration%20incomes\).](https://www.prisonpolicy.org/blog/2022/11/28/medicaid/#:~:text=While%20this%20reform%20does%20not,their%20pre%2Dincarceration%20incomes).)

¹⁴ <https://verato.com/resources/fairfax-county-case-study/>

In addition to a lack of standardized information sharing, agencies serving low-income individuals use differing data sources to verify recipients' program eligibility. A review by the U.S. Government Accountability Office found 13 agencies administering the Low Income Home Energy Assistance Program (LIHEAP) used no electronic data to verify beneficiaries' incomes.¹⁵ Such practices make it difficult to share and compare data between programs and increase the time spent on manual tasks. The issue is not exclusive to federal programs, as many states face similar challenges when it comes to information sharing.

Agency silos slow down or prevent the exchange of information, making it difficult to see the whole person.

Securely share information using an identity management solution

Sharing data across departments, agencies, and programs is vital for gaining holistic insights into your population, but it can be a difficult task. Differences in file formats and technologies have the potential to increase manual labor and slow down data sharing.

Imagine if you could easily share and receive information without worrying about duplicate records, security requirements, or inaccessible data formats. An identity management solution like Verato can help you get insights, locate participants across your ecosystem, and connect individuals to services more efficiently.

The Verato hMDM platform is built for sensitive information to support your interoperability initiatives. Not only does the platform help you to ensure information is up to date before sharing it with internal or external partners, Verato makes it easy to match the correct information with existing records and avoid duplication issues when data is shared with you.

The Fairfax County Department of Health and Human Services (FCDHHS) partnered with Verato to overcome silos and share information between the FCDHHS's five agencies and the Fairfax County Department of Public Health. With the help of Verato, the county was able to integrate records from health and human services and public safety and reduced duplicate data on more than 200,000 clients in the process.¹⁶

“Verato enables us to break down the agency data silos and integrate all their disparate systems, as well as to identify and match all clients so that we can crosswalk the same client from one system to another, and measure the outcomes of those services.”

— Systems Architect and project leader, Fairfax County

Feel confident sharing and receiving data across entities with Verato.

How hMDM helps solve HHS's biggest challenges

Local, state, and federal agencies administering assistance programs to individuals and families in need provide life-changing services to their participants. But bureaucratic hurdles, ever-changing needs, and legacy approaches can make it difficult to see every aspect of a person's life and identify every service they are eligible for.

A Master Data Management solution purpose-built for healthcare like the Verato hMDM platform provides the tools to integrate data across silos, gain a longitudinal view of clients, and measure outcomes of services. Powered by Referential Matching, the solution can even match records when data is outdated, missing, or inaccurate.

By seeing all touchpoints a person has with support services, you can eliminate fragmented data and the plethora of problems that follow, including unresolved duplicates and missed links across the enterprise. It also allows you to target participants re-applying for services and ensure a smooth re-enrollment process, thereby reducing churn rates across programs. And to ensure you reach clients when they are most likely to engage, the Verato hMDM platform allows you to append SDOH data, like lifestyle, interests, additional demographics, and languages spoken, so you can tailor outreach efforts.



Resources

¹ <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>

² <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/>

³ <https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0455>

⁴ <https://fns-prod.azureedge.us/sites/default/files/ops/SNAPChurning-Summary.pdf>

⁵ https://www.clasp.org/wp-content/uploads/2022/07/2022.07.28_States-Must-Plan-Now-to-Limit-MedicaidChurn-When-Continuous-Coverage-Ends.pdf

⁶ <https://www.medicaid.gov/medicaid/eligibility/seniors-medicare-and-medicaid-enrollees/index.html>

⁷ <https://www.ers.usda.gov/topics/food-nutrition-assistance/wic-program/#:~:text=WIC%20served%20about%206.3%20million,infants%20in%20the%20United%20States.>

⁸ <https://eclkc.ohs.acf.hhs.gov/about-us/article/head-start-program-facts-fiscal-year-2021>

⁹ <https://www.fns.usda.gov/research/wic/eligibility-and-program-reach-estimates-2021>

¹⁰ https://wicworks.fns.usda.gov/sites/default/files/media/document/2014_SPG_Cennecticut_Head_Start_Better_Together_Collaboration_Project_Final_Report.pdf

¹¹ https://wicworks.fns.usda.gov/sites/default/files/media/document/10_Ways_WIC_and_Head_Start_Can_Collaborate.pdf

¹² https://www.hhs.gov/sites/default/files/HHS_StateofDataSharing_0915.pdf

¹³ [https://www.prisonpolicy.org/blog/2022/11/28/medicaid/#:~:text=While%20this%20reform%20does%20not,their%20pre%2Dincarceration%20incomes\).](https://www.prisonpolicy.org/blog/2022/11/28/medicaid/#:~:text=While%20this%20reform%20does%20not,their%20pre%2Dincarceration%20incomes).)

¹⁴ <https://verato.com/resources/fairfax-county-case-study/>

¹⁵ <https://www.gao.gov/products/gao-21-183>

¹⁶ <https://verato.com/resources/fairfax-county-case-study/>

Verato enables digital engagement, clinical interoperability, cloud migration, 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.

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