

Why accurate patient identity is critical to health system success

Knowing who's who underpins all consumer initiatives, from a better digital front door to better care

Executive summary

Identity truly is the foundation of good healthcare. Without knowing who's who, healthcare organizations (HCOs) can't trust that their data provides the complete, accurate picture of patients they need to deliver a seamless, high-quality experience from the digital front door throughout the care journey.

However, ensuring accurate person identity is becoming more difficult as health systems are tasked with managing a growing array of wrongly attributed or inaccessible patient information.

The first generation of identity resolution solutions used probabilistic algorithms and on-site technology that missed 20% to 30% of duplicate records while requiring significant manual effort and high costs.

Fortunately, next-generation solutions are now available to address these limitations. The most advanced offer HCOs a combination of cloud-based software, plug-and-play APIs, an enterprise master person index (EMPI), and referential matching capabilities that deliver far greater value — faster, more automatically, more accurately, and less expensively.

This paper calculates the potential value of using a next-generation identity solution in 11 use cases.

The bottom line? In 11 use cases alone, a next-generation identity solution could enable a large health system with 11 million patient records to potentially save nearly \$94M and generate over \$66M in new revenue.



The value of person identity resolution

\$94M

in potential savings

\$66M+

in potential new revenue

A recent independent survey

of 100 healthcare executives underscored the desperate need for this kind of solution. Highlights from this survey include:

- Patient identity is a pervasive problem that impacts nearly all areas of hospital operations; 72% of respondents are “concerned” or “extremely concerned” that siloed, inaccurate personal data hurts care quality and the bottom line
- Only 14% are extremely satisfied with the accuracy of their patient identity resolution capabilities



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The need to get patient identity right from the start

In a recent survey, an overwhelming majority of health system leaders report that having a complete and accurate, 360 degree view of patients is essential to achieving their strategic objectives. Yet 72% of respondents are “concerned/extremely concerned” that siloed, inaccurate personal data hurts care quality and the bottom line. Further, only 14% are extremely satisfied with the accuracy of their patient identity resolution capabilities.

Person identity has far-ranging impacts that most HCOs under-recognize. Knowing who’s who underpins virtually everything – from effective marketing campaigns to care experience and quality, to the bottom line. For example, providers routinely miss vital medical information because their system doesn’t recognize

that the data contained in multiple sources references the same patient. Patients receive a more disjointed, less personalized care experience and may receive duplicate testing or delayed or inappropriate care if their records are incomplete because they’re scattered throughout a complex set of siloed systems. Not knowing who’s who can also slow the implementation of new digital health tools, result in suboptimal patient outreach, and delay and decrease claims collections – all impacting economics in often hidden ways.

“Patient matching is defined as the identification and linking of one patient’s data within and across health systems in order to obtain a comprehensive view of that patient’s health care record.”¹

Identity issues are compounded by healthcare complexity

One factor is mergers and acquisitions (M&A), which exacerbate data integration challenges for HCOs and in turn impact patient identity. The average size of the 34 mergers that occurred in the first three quarters of 2021 was \$659 million – over twice as large as the average merger between 2015 and 2020.

According to *Health Affairs*, after a merger or acquisition, only a third of acquired hospitals transition to a single electronic health record (EHR), while 44% remain on different EHRs.² Even a health system that has a ‘single’ EHR can experience higher rates of duplicate or incomplete records when using multiple instances of that EHR.

Importantly, patient data is also complex because health systems increasingly collect and store patient data outside the EHR – in a CRM like Salesforce, a

telehealth platform, and systems for billing, pharmacy, urgent care, labs, radiology, and countless other places within and beyond the health system’s four walls. The health system may also acquire third party data including social determinants of health (SDOH) like race and ethnicity, car ownership, and food insecurity. In order to aggregate a complete 360 degree view of the individual, the system then needs to index all of the available data for each person and be sure it’s matched correctly to an identity.

According to Black Book research, on average, 24% of patient records for systems without an enterprise master patient index (EMPI) are duplicates.³ High duplicate rates are especially problematic for organizations undergoing data migration, as some EHR vendors require a patient duplication rate of less than 3%.

1 Patient Identity and Patient Record Matching | HealthIT.gov

2 Does Electronic Health Record Consolidation Follow Hospital Consolidation? | Health Affairs

3 Improving the Patient Identification Process and Interoperability to decrease Patient Record Error Rates - Black Book Market Research

This paper examines the high costs of poor person data management and documents the value that a next-generation person identity solution can deliver to health systems in 11 of the many potential use cases for this technology.

Person identity is the crucial building block of healthcare operations

In recent years, HCOs have become more attuned to the lifetime value of their patients, estimated by the U.S. Census Bureau to be as high as \$1.4 million.⁴ To attract and retain a loyal patient base, HCOs can't afford high rates of fragmented or incomplete patient records. Errors in patient records can lead to dissatisfaction from the moment a patient connects with the 'digital front door' and even undermine care quality, potentially causing some 7% of patients to switch providers at a cost of some \$100 million in annual revenues.⁵

Impact on growth

Identity issues begin even before a healthcare consumer becomes a patient. When an HCO lacks a full picture of prospective patients, it lacks the insights into prospective patients' health issues, SDOH needs, and communication preferences necessary to create effective, highly targeted marketing campaigns. Conversely, when healthcare marketers more fully understand the background and preferences of their populations, they can better tailor their messages and online experiences to those factors, driving higher open and conversion rates that result in more people using and preferring their services.

"We try to alleviate pain points before patients encounter us and across the entire journey of care. We want to know as much as we can about the person we're talking to, keep the message consistent, and make their journey convenient and barrier-free. That requires highly effective identity management, which is not easy."

– Craig Kartchner, AVP Marketing and Customer Experience, Honor Health

⁴ The real reason loyalty lacks in healthcare

⁵ IBID

⁶ <https://perspectives.ahima.org/wp-content/uploads/2016/03/WhyPatient.pdf>

"Poor patient identification can lead to poor care."

– Jordan Asher, MD, MS, EVP and Chief Physician Executive, Sentara Healthcare

Incomplete patient data can also hurt outpatient volumes. For example, when an HCO can't integrate SDOH data about transportation availability into its patient records, fewer patients will be able to keep their doctor's appointment and no-show rates will rise.

Impact on care quality

The potential impact of poor person identity on care quality is more serious. Incomplete or fragmented records can cause providers to be unaware of previous tests or procedures, potentially dangerous drug interactions, or the existence of health conditions such as diabetes. Lacking a complete, 360 degree view can lead to medical errors for 4% of patients,⁶ which risks harming both patients' health and their trust in the HCO.

Impact on the bottom line

Person identity issues further impact an HCO's bottom line by increasing costs and delaying or reducing revenues. Staff waste thousands of hours of valuable time when they must manually resolve identity issues and repeat efforts each time a new data source or facility is added. Their time could be better deployed to more strategic analytics work if an automated identity resolution solution could eliminate most of these labor-intensive tasks.

Fragmented and incomplete patient records also directly impact top line revenue by contributing to denied claims.⁷ An average of 11% of claims are denied and about a third of those denials are due to inaccurate patient identification information, costing the average hospital about \$2.5 million annually.⁸

First-generation matching solutions help, but fall short

The first generation of person identity solutions helped to reduce the high percent of person data that is out-of-date, incorrect, or incomplete. However, these more basic solutions rely on simple algorithms that can only determine the probability that two records represent the same person. They cannot detect duplicates when, for example, one record has out-of-date data or is missing key attributes such as a birthdate or social security number. As a result, these algorithms can miss 20% to 30% of matches. They also entail a massive manual effort and usually take months to complete.

Next-generation patient identity solutions

Today, progressive HCOs are taking advantage of more advanced identity solutions that combine an EMPI and referential matching with advanced technology that streamlines data integration from each new source. These next-generation solutions not only reduce duplicate records better than their first generation counterparts, but go well beyond that by bringing new approaches to identity resolution, creating a scalable 'single source of truth' that delivers a 360 degree view of patients across the enterprise.

EMPI DEFINITION

“An enterprise master patient index (EMPI) maintains cross-referenced patient identifiers so that a patient known by one application can be cross-referenced to their identifier in another application. This is usually done using deterministic and probabilistic matching methods. The next-generation EMPI employs “referential matching” through the use of an identity-proofing service to extend the patient data elements used for patient matching and merging activity.”

– Pooja Singh, “At the Peak Next-Generation EMPI Analysis,” Gartner Hype Cycle for RealTime Health System Technologies, 2021. Published 12 July 2021

Advanced solutions rely on referential matching, a more sophisticated approach that matches demographic data from each record to a comprehensive, continuously updated, and highly curated reference database of identities from 30 years of U.S. population data. That results in dramatically higher matching rates than older technologies that rely on deterministic and probabilistic algorithms.

“...[Referential matching] has generated among the highest match rates currently published.”⁹

7 Claim-Remit Analysis Shows Denials Rate Increasing | Change Healthcare (2020)

8 Improving the Patient Identification Process and Interoperability to decrease Patient Record Error Rates - Black Book Market Research

9 <https://www.pewtrusts.org/en/research-and-analysis/reports/2018/10/02/enhanced-patient-matching-critical-to-achieving-full-promise-of-digital-health-records>

Next-generation technology like Verato can also enable HCOs to rapidly integrate a wide array of data ranging from basic contact information like missing phone numbers and addresses, to lifestyle data like income, ethnicity, occupation, and interests. Because it is cloud-based and uses modern plug-and-play APIs, Verato is also more cost-effective, scalable, secure, and readily accessed. Exhibit 1 contains a summary of key differences between first-generation solutions and Verato.

“Any HCO that does not have a monolithic computing environment (one vendor platform that issues the majority of unique person identifiers) should use the capabilities of an EMPI. This will ensure that it can accurately aggregate all patient information across all information systems.”

– Gartner Hype Cycle for Healthcare Provider Technologies and Standards, 2007

Exhibit 1: The Verato difference

	First-generation solutions	Verato
Technology	Older, more basic algorithms that can only compare records to each other	Referential matching based on a database spanning 30 years
Algorithm and data updating	Requires time-consuming, frequent updating and data clean-ups with each new data source	Requires no data cleanup and minimal data governance
Stewardship	Typically generates 60K tasks/1M patients	50-75% fewer stewardship tasks than first-gen solutions Can automate first-gen stewardship
Launch and upkeep	Takes months to implement On-premise hardware requires costly, time-consuming maintenance and upgrades	Launches in weeks Cloud-based solution eliminates need for maintenance and upgrades
Scalability	Difficult to scale with new facilities or data sources	Easy to scale with each new facility and data source
Costs	Need to install and upgrade hardware increases costs	Subscription-based software means no maintenance or upgrade costs and lower total cost of ownership

Calculating the value of next-generation identity technology

Calculating the value of patient identity solutions isn't straightforward. To help HCOs determine how much a next-generation solution could potentially impact their bottom line, Verato commissioned healthcare consultancy Sage Growth Partners (SGP) to develop an Economic Impact Model (EIM). The EIM uses conservative assumptions based on data from peer-reviewed journal articles, government databases, and credible healthcare research sources — as well as actual experience from Verato users.

The EIM identified 11 use cases (only a subset of all potential use cases) in which a next-generation identity solution can deliver a quantifiable impact. These use cases are grouped into four categories:

- A. Smarter growth
- B. Better consumer experience
- C. Improved population health and risk management
- D. Improved data quality and efficiency

Note that the large health system in the example shown here is based on an actual health system with 11M patient records and over 134,000 discharges, 2M outpatient visits and \$4.9B in revenues annually. The savings referred to throughout this paper reflect this example.

A. Smarter growth

As healthcare systems grow, they face the need to consolidate EHRs from acquired facilities and new sources. That compounds the challenges of accurate patient identification by increasing the number of duplicate patient records and the additional manual effort required to resolve them. First-generation solutions have helped to reduce this burden, but still leave a high percentage of records to manually reconcile.

1. Streamlining EHR consolidation

A next-generation solution can help healthcare organizations to consolidate applications, quickly and easily resolve patient identity issues, and identify overlapping patients to complete the post-merger system EHR integration. Based on actual customer data, Verato can resolve 67% more of these duplicate records than a first-generation solution, saving HIM staff over 44,000 hours of time that can be allocated to other tasks. That could allow the health system in our example to re-allocate over \$2.1M in staff hours.



B. Better consumer experience

A next-generation solution can improve both the efficacy of marketing campaigns and patients' satisfaction with their experience.

2. Increasing marketing campaign effectiveness

Healthcare marketing is focused on building long-lasting relationships with patients and prospects. Personalized emails are important to ensure that each campaign is delivering relevant information to targeted consumers. But HCOs cannot personalize emails without supplemental data to give them an understanding of consumers' needs and preferences.

Verato's Enrich solution enables HCOs to obtain more relevant, comprehensive consumer data such as income, ethnicity, and interests that fosters more targeted marketing campaigns. That potentially increases email open rates and conversion rates, enabling the health system in our example to attract and serve over 100 new patients – generating about \$280,000 in additional revenue per campaign.

3. Improving patient satisfaction and HCAHPS scores

By having an accurate, unified understanding of patients across all touchpoints, HCOs can reduce errors – improving the patient experience and helping to prevent leakage of dissatisfied patients.

According to a June 2020 study published in JAMA,¹⁰ one in five patients have reported an error in their medical record, and 40% of those indicated the error was serious. With better matching rates – which customer experience shows can be 67% higher – Verato can reduce the number of serious medical record errors due to patient identity issues. That will help prevent patients from switching providers and potentially increase revenues by some \$3M annually in our example health system.

Additional revenue can be realized by improving HCAHPS scores. Using a solution like Verato could reduce the percent of patients rating their experience 6 or lower in the HCAHPS survey from 7%¹¹ to 6.7%. Low HCAHPS scores reduce the likelihood the patient will recommend the health system to family or friends. For our health system, that could result in retaining over 20 patients that would otherwise have switched to competitors. Over these patients' lifetime, that could increase the example health system's revenues by about \$200,000 per year.

10 Frequency and Types of Patient-Reported Errors in Electronic Health Record Ambulatory Care Notes | Electronic Health Records | JAMA Network Open | JAMA Network

11 <https://www.beckershospitalreview.com/lists/224-hospital-benchmarks-2018.html>



C. Improved population health and risk management

The EIM demonstrates how a next-generation identity solution can measurably improve population health and risk management in the following areas:

4. Reducing missed appointments

Research suggests that nearly a third of all patient no-shows result from lack of transportation. When an HCO achieves a 360 degree view of patients that incorporates SDOH and other data, the organization can proactively identify and address transportation challenges that reduce no-shows and deliver a significant revenue lift — upwards of \$2.5M annually for the system in our example.

5. Driving greater patient engagement through more annual wellness visits

Only 19.5% of adults complete annual wellness visits.¹² When call center staff have a complete, 360 degree view of patients, they can ensure that more patients schedule these visits, improving care and increasing revenues from wellness visits as well as related specialist and other services. Data from Verato customers shows that using its solution can help increase wellness visits by 10%. Assuming average revenue of \$157 per wellness visit, a 40% specialty referral rate¹³ and \$291 revenue per specialty visit, our example health system could increase revenues by \$17.9M.

6. Closing gaps in care for more patients

Health systems often lack critical patient data that can help to close gaps in care for screening services, such as diabetic eye and foot exams, colonoscopies and mammograms. Having a 360 degree view of patients enables call center staff to identify and close more of these gaps, leading to higher HEDIS quality measures that can increase reimbursement. Based on numerous secondary data sources about screening rates and average revenues, plus data from Verato customers that shows having a 360 degree view can increase these preventive services by 25%, our example health system can potentially increase revenues by \$10.9M.

7. Reducing avoidable readmissions

Many hospitals continue to be penalized by CMS for high 'avoidable' readmissions. According to secondary data, the average readmission rate is 16%¹⁴ and 50% of readmissions are tied to SDOH factors.¹⁵ Only 12% to 34% of discharge summaries reach outpatient providers before the patient's post-hospital appointment, and only two-thirds of recommended outpatient follow-up tests reach the outpatient providers.¹⁶ Having a solution that gives the entire enterprise a 360 degree view of each patient that includes SDOH data could help health systems better manage high-risk patients and reduce these avoidable readmissions by 25%. That would save our example health system about \$19.4M based on an average cost per readmission of \$14,400.¹⁷

12 <https://www.aafp.org/fpm/2017/0300/p12.html>

13 <https://www.ajmc.com/view/outpatient-referral-rates-in-family-medicine>

14 https://www.americashealthrankings.org/explore/senior/measure/hospital_readmissions_sr/state/ALL

15 <https://www.beckershospitalreview.com/care-coordination/social-determinants-of-health-contributed-to-half-of-hospital-readmissions-study-finds.html#:~:text=Social%20determinants%20of%20health%20contributed%20to%20more%20than,hospital%20than%20those%20with%20low%20transportation%20access%20risk.>

16 <https://psnet.ahrq.gov/perspective/patient-safety-during-hospital-discharge#ref5>

17 <https://www.beckershospitalreview.com/rankings-and-ratings/average-hospital-readmission-costs-for-18-diagnoses.html>

D. Improved data quality and efficiency

A next-generation identity solution enables a health system to improve its data quality and increase efficiency. The EIM calculated the potential value of a solution in the following use cases:

8. Integrating data from new sources

Every health system encounters the fundamental problem of assembling all the disparate data in its data warehouse and attributing that data to the right patient. Fortunately, Verato's API makes it fast and easy for health systems to harmonize all of these disparate person identities. Its cloud-based technology makes it easy and far less expensive to deploy, use and scale as health systems grow.

Each year, HCOs struggle to integrate data from a host of new sources, such as a new urgent care center, or SDOH or consumer data. Integrating these new data sources is costly and slow, consuming significant staff effort. Verato's technology reduces the time it takes to integrate a new data source from eight weeks to three weeks.

Verato also significantly reduces the amount of manual labor needed to integrate data from new sources by automating identity resolution. Assuming five new sources are integrated annually, it would take HCO staff thousands of hours to complete these tasks. Verato can significantly cut this time, potentially saving the organization over \$150,000 per year in staff time. Verato also significantly cuts vendor costs associated with data integration, potentially saving \$60,000 for each new source, for another \$300,000 in savings.

9. Reducing manual review of duplicate records

Conservative estimates suggest it can take up to 15 minutes for an HIM analyst to resolve duplicate patient records. Traditional MPI solutions resolve some duplicates automatically, but many duplicates still remain for human resolution. Because Verato can reduce the number of remaining duplicate records by about 67%, it could annually allow the health system to redeploy more than \$400,000 of staff costs to higher-level tasks.

10. Reducing denied claims

Duplicate patient records account for about one-third of claims denials.¹⁸ On average, it costs \$118 per claim to resolve a denied claim¹⁹ and about half of denied claims are never resubmitted, resulting in lost revenue opportunity. Verato's solution cuts costs by reducing claims denied due to patient identity issues and helps the health system capture more revenue because fewer claims must be resubmitted.²⁰ Conservatively assuming that Verato can reduce denied claims due to identification issues from 33% to 22%, it could reduce staffing and other costs by over \$3M and increase revenues by \$31.2M for our example health system.

11. Enhancing patient safety by reducing medical errors

Possibly the most significant downstream impact of duplicate patient records is the impact to patient care, which can manifest itself in delayed treatment or unnecessary testing or care. Research shows that some 4% of duplicate records negatively impact patient care²¹ at a cost of \$1,950 per case.²² By resolving 67% of duplicate records, Verato can help reduce patient care errors and reduce their associated costs. For our example health system, this avoidable cost impact is expected to exceed \$69M annually.

18 Improving the Patient Identification Process and Interoperability to decrease Patient Record Error Rates - Black Book Market Research

19 <https://www.businesswire.com/news/home/20170626005391/en/Change-Healthcare-Analysis-Estimated-262-Billion-Healthcare>

20 <https://www.mgma.com/resources/revenue-cycle/you-might-be-losing-thousands-of-dollars-per-month>

21 <https://perspectives.ahima.org/wp-content/uploads/2016/03/WhyPatient.pdf>

22 <https://www.blackbookmarketresearch.com/blog/improving-the-patient-identification-process-and-interoperability-to-decrease-patient-record-error-rates>

Exhibit 2 summarizes the potential economic impact of these 11 use cases on the large health system in our example. HCOs can request a customized version of this EIM that inputs actual data from their organization to calculate value based on their unique circumstances.

Exhibit 2: Calculating Verato’s economic value for a large health system*

Use cases	Revenue opportunity	Cost savings opportunity	Staff cost savings opportunity
Smarter growth by streamlining EHR consolidation			\$2,100,000
Better consumer experience			
Better targeted marketing campaigns	\$280,000		
Patient satisfaction	\$3,200,000		
Subtotal	\$3,480,000		
Improved risk and population health management			
Missed appointments	\$2,500,000		
Patient engagement	\$17,900,000		
Gaps in care	\$10,900,000		
Reducing readmissions		\$19,400,000	
Subtotal	\$31,300,000	\$19,400,000	
Improved data quality			
Integrating new data sources		\$300,000	\$150,000
Resolving duplicates			\$400,000
Denied claims	\$31,200,000	\$3,200,000	\$70,000
Patient safety		\$69,100,000	
Subtotal	\$31,200,000	\$72,600,000	\$620,000
Totals	\$65,980,000	\$92,000,000	\$2,720,000

Better identity drives greater value across the enterprise

Failing to resolve person identity issues leads many health systems to suffer from a limited understanding of prospective and existing patients. These limitations lower efficiency, frustrate consumers, increase costs, reduce revenues, and even negatively impact care access and quality.

First-generation identity resolution tools are based on deterministic and probabilistic algorithms that can only identify a subset of duplicate or inaccurate patient records or recognize that key pieces of patient information were missing. They are also time-consuming and expensive to launch and maintain, and difficult to scale.

HCOs can no longer afford these limitations. They need next-generation solutions built on more sophisticated EMPI and referential matching platforms like that offered by Verato. In addition to being more accurate, faster to deploy, and easier to scale, more advanced solutions drive value across a wide range of initiatives – ranging from a more satisfying digital front door experience to fewer denied claims to better care access and quality. As shown in the EIM, the potential value of using Verato

across 11 use cases in a health system with 11 million patients is nearly \$94 million in cost savings and more than \$66 million in additional revenues.

HCOs that use next-generation identity solutions are well positioned to usher in a new era of understanding consumer and patient preferences, needs, and health issues so they can provide better service and better care while enhancing their bottom line.

For more information or to schedule a strategy session with Verato's identity experts, please contact us at verato.com.

“After acquiring healthcare facilities in multiple states, we’ll have multiple EMRs but want to avoid multiple portals so consumers have one view of their data, no matter where they are. Verato’s solution immediately reduced duplicates, which translates to saved person hours. And the process was plug-and-play.”

– Gary Melville, Director of Integration Engineering, Intermountain Healthcare

Case study: 360 degree view supports multiple analytics and marketing needs

A large southeastern health system with 15 medical centers spread across four states recognized that it needed to deepen its understanding of prospective patients and increase the completeness and accuracy of patient information. After acquiring a new medical center and experiencing heightened challenges with duplicate or incomplete patient records during the pandemic, it realized it needed a next-generation person identity solution to:

1. Reduce the backlog of duplicate records to enhance patient safety and experience
2. Increase the accuracy of new resident information from outside vendors

3. Track the effectiveness of consumer marketing initiatives
4. Improve patients' digital front door experience

Benefits

Verato supports the health system's initiative to gain a complete view of prospective patients by linking several identity sources from multiple Epic EHRs and consumer data from vendors who supply new resident information. It also connects Salesforce "leads" and "outreach" back to the EHR to support marketing investments and patient engagement.



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Verato, the identity experts for healthcare, enables smarter growth, improved care quality and efficiency, and better population health by solving the problem that drives everything else – knowing who is who. Over 70 of the most respected brands in healthcare rely on Verato for a complete and trusted 360-degree view of the people they serve to accelerate the success of their digital health initiatives and fully understand consumers' preferences, risks, and needs from the beginning and throughout their care journey. Only the Verato HITRUST-certified, next generation cloud identity platform enables interoperability across the complex digital health ecosystem with unprecedented accuracy, ease, and time-to-value. With an enterprise-wide single source of truth for identity, Verato ensures that you get identity right from the start.

For more information, visit verato.com.

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