

TECH TALK

10 Questions: Turn Tech Investments into Community Impact

From ROI to privacy, these 10 questions will help you separate promise from proof—and choose a partner built for real-world results.

10 QUESTIONS

Table of Contents

Introduction	02
Start with the End in Mind: Demonstrating Your Impact	03
Question #1: How Do You Demonstrate Return On Investment?	04
Build the Foundation: Strategy and Network	05
Question #2: How Do You Help Me Strategize and Predict; Not Just Report?	06
Question #3: How Do You Validate Network Resources?	07
Streamline the Intake Journey: Welcoming Individuals into Care	08
Question #4: How Do You Streamline Client Consent?	09
Question #5: How Do You Manage a Client's Record?	10
Question #6: How Do You Support Program Integrity?	11
Red Flags to Watch For: Signals of Systemic Risk	12
Deliver Coordinated Care: Collaboration and Follow-Through	13
Question #7: How Do You Close The Loop On Referrals?	14
Question #8: How Do You Streamline User-to-User Communication?	15
Drive Sustainability: Funding the Mission	16
Question #9: How Do CBOs Get Reimbursed?	17
The Non-Negotiable Standard: Privacy and Security	18
Question #10: How Do You Uphold Privacy and Security?	19
Bonus Question: Supporting Program Scale and Evolution	20
What's Next?	21

Introduction

Selecting the right technology partner to support your community's health and economic initiatives isn't easy. It's not just about finding the right solution, but choosing a proven partner who understands the complexities and nuances of effective, integrated service coordination.

This guide is designed to help you **navigate this journey with confidence, giving you peace of mind that the solution you choose:**

Drives Real ROI:

Demonstrates proven experience to show how your investment in the technology can yield measurable returns, both in terms of cost savings and improved outcomes.

Makes It Easier to Do Your Job:

Job: Simplifies your daily tasks and workflows, allowing you to focus more on providing care and less on administrative burdens.

Aligns with Your Mission:

Supports and enhances your organization's mission and values, integrating the technology as a true extension of your goals.

Avoids Costly Mistakes:

Minimizes the risk of errors and inefficiencies that can lead to wasted resources and gaps in care.

Makes a Difference For

Those You Serve: Improves the quality of life for the individuals and communities you support by helping connect individuals to the right care at the right time.

Start with the End in Mind: Demonstrating Your Impact

When evaluating any major investment, the first question is always about the return. Before diving into features and workflows, it's critical to define what success looks like and understand how a potential partner can help you measure and demonstrate your impact.

Questions We'll Unpack

Question #1: How Do You Demonstrate Return On Investment (ROI)?

04

QUESTION #1

How Do You Demonstrate Return On Investment (ROI)?

A vendor with demonstrated ROI provides the foundation of trust and expertise you need to translate your investment into measurable, lasting impact. Partners who can demonstrate ROI and community impact will help you feel more confident about how you can reach and scale your impact.

What to look for: A strong ROI framework makes it easier to understand the impact of where your dollars are going, while simultaneously helping you shape more effective programs, optimize resources, and facilitate more sustainable funding. This framework should consist of:

- **Comprehensive data reporting and analysis** to track relevant KPIs, such as service utilization, client outcomes, and resource allocation
- **Verifiable examples of ROI and real-world impact**, including success stories and data points that demonstrate savings like:
 - Reductions in healthcare utilization or emergency department (ED) admissions
 - Reductions in healthcare costs
 - Increased connections to care
 - Staff hours saved on manual workflows
 - Medicaid cost savings
- **Multiple sources of external third-party validation** to verify the vendor's claims through academic or peer-reviewed evaluation.
- **A dedicated Research and Evaluation team** with a proven methodology for evaluating outcomes and ROI

What Does Measurable ROI Look Like?

\$1,000+ in annual Medicaid savings per member from [North Carolina's Healthy Opportunities Pilot \(HOP\)](#).

\$800+ saved per patient per year by [Virginia-based Ballad Health System](#).

\$21M projected savings for the State of Ohio over the next decade from [Summit County's Benefit Bridge program \(NEXT\)](#).

→ [Explore More ROI & Success Stories](#)

Build the Foundation: Strategy and Network

Demonstrating a clear ROI is the goal; achieving that ROI requires a data-informed strategy and reliable network of partners. A powerful platform should report on what happened yesterday and help you anticipate tomorrow's needs—all while verifying that the resources in place to meet those needs are active, engaged, and accountable.

Questions We'll Unpack

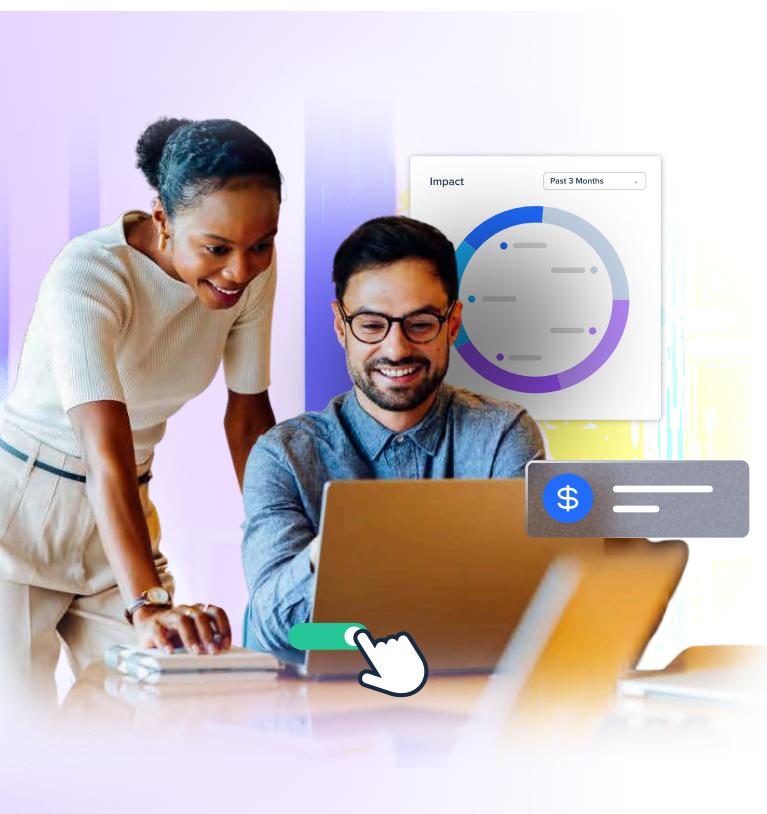
Question #2: How Do You Help Strategize and Predict; Not Just Report? 06

Question #3: How Do You Validate Network Resources? 07

QUESTION #2

How Do You Help Strategize and Predict; Not Just Report?

Descriptive dashboards and retrospective reports help you measure performance and outcomes, but they aren't enough on their own. To drive real impact, you need a solution that goes beyond telling you what has happened and helps you anticipate what might happen, so you can design proactive programs that solve challenges before they arise. [Predictive intelligence](#) gives you a holistic, forward-looking view of the challenges facing your teams and communities—allowing you to evaluate interventions, forecast needs, and pinpoint opportunities for greater impact.



What to look for: While descriptive data reports are common in this space, competitive tools also offer a framework designed to predict, identify, and address population health needs. Predictive insights allow you to engage the right people at the right time, close gaps in care, and deploy resources where they can have the greatest effect. These tools:

- **Harness predictive models** that create personalized and community level insights to enable targeted strategies for program design and outreach campaigns
- **Use dynamic scoring** to understand intervention impact and better health outcomes
- **Close gaps in care** by identifying, prioritizing, and engaging members with precision and purpose.

QUESTION #3

How Do You Validate Network Resources?

Picture This: A World Without Network Accountability

“[Red flags to look for] include outdated contact information, inactive listings, and a lack of real-time updates. Additionally, check if the organizations listed are actively using the platform and if there are agreements in place to ensure their participation and accountability. If the directory lacks these elements, it may be a static, unreliable resource that can lead to dead ends for clients.”

– Former user of another platform

Successful care networks are built on equal parts technology and trust. To effectively connect people with care, network partners must be validated for accurate, verifiable information. This process confirms that organizations are fully operational, their information is current, and they have the capacity to accept referrals. Using advanced technologies, such as Artificial Intelligence (AI), to validate the accuracy of information reduces errors and dead-ends to build trust between network partners.

What to look for: Solutions that leverage the use of AI to maintain and validate accuracy of information available for organizations and services.

- **Facilitates CBO accountability** through relationship building and formal agreements
- **Uses AI and other advanced tools** to efficiently validate services, programs, and organizational accuracy of network members

Streamline the Intake Journey: Welcoming Individuals into Care

With a forward-looking strategy and a validated network of community partners in place, you're ready to connect with the people you serve. The next critical step is to bring individuals into this ecosystem of care, validating their eligibility for services and collecting consent to share their information, while creating a single, unified record of their journey.

Questions We'll Unpack

Question #4: How Do You Streamline Client Consent?

09

Question #5: How Do You Manage a Client's Record?

10

Question #6: How Do You Support Program Integrity?

11

QUESTION #4

How Do You Streamline Client Consent?

Connecting individuals to community services often creates a dual challenge: providers are delayed by logging information, while individuals are exhausted by repeatedly sharing their story with every new provider. This fragmented, inefficient process takes up time, and more importantly, can often overwhelm or discourage those seeking help. It also makes it more difficult—if not impossible—to compile an accurate view of a person's complete care journey. By minimizing administrative bottlenecks, you can accelerate the referral process, eliminate inefficiencies and false starts, and prioritize the well-being of the individual seeking support.

What to look for: Client-driven consent is critical. Putting people first means looking for a system that:

- **Takes a trauma-informed approach to consent** so that clients only have to tell their story once, and are empowered to revoke their consent to share their information at any time.
- **Allows consent tracking and auditability** so providers can easily validate consent status and history.
- **Streamlines consent processes** to bring more efficiency, accuracy, and peace of mind for those providing care.
- **Enables accessibility** with robust native translation and multiple mediums (i.e. on-screen, email, text, etc.) for collecting consent.

[From the Experts](#) [Read the Article →](#)

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“Technology should simplify, not complicate, the consent process. Vendors that prioritize efficiency, compliance, and user-friendliness help providers focus on delivering care, not chasing paperwork.”

— Gaine Healthcare

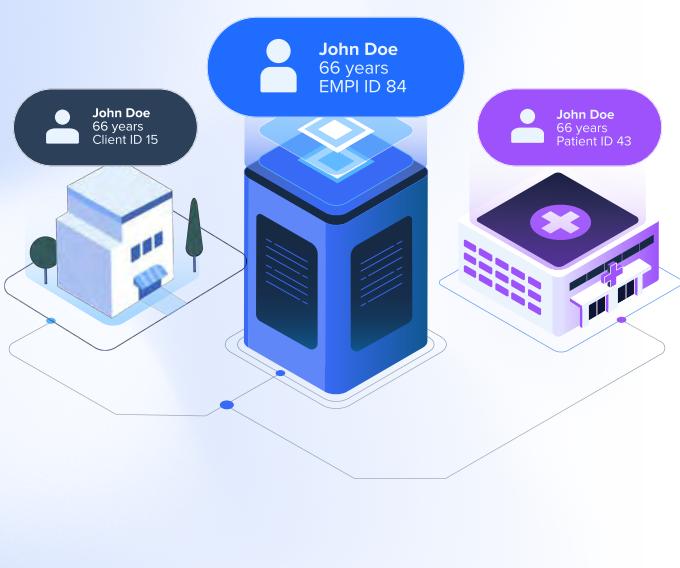
QUESTION #5

How Do You Manage a Client's Record?

A client's care record is the foundation for keeping care teams on the same page. This record includes information from interactions across providers, including healthcare and community-based care, and is designed to give care teams a comprehensive view of a client's needs, services, and progress over time, subject to their individual roles and access permissions.

What to look for: Solutions that create one integrated and unified longitudinal record—or an Enterprise Master Person Index (EMPI)—enable a single source of truth for each client, reducing duplication across organizations. Without this, providers can miss important details about a client's history, leading to gaps in care and potential mismanagement of needs. Driving holistic care means looking for a system that:

- **Centralized client EMPI** for holistic, comprehensive care.
- **Role-based access controls** to protect client data and permit only organizations and users serving the client to access their information.
- **Enhanced protections** for sensitive information and organizations serving sensitive populations to protect the most vulnerable.



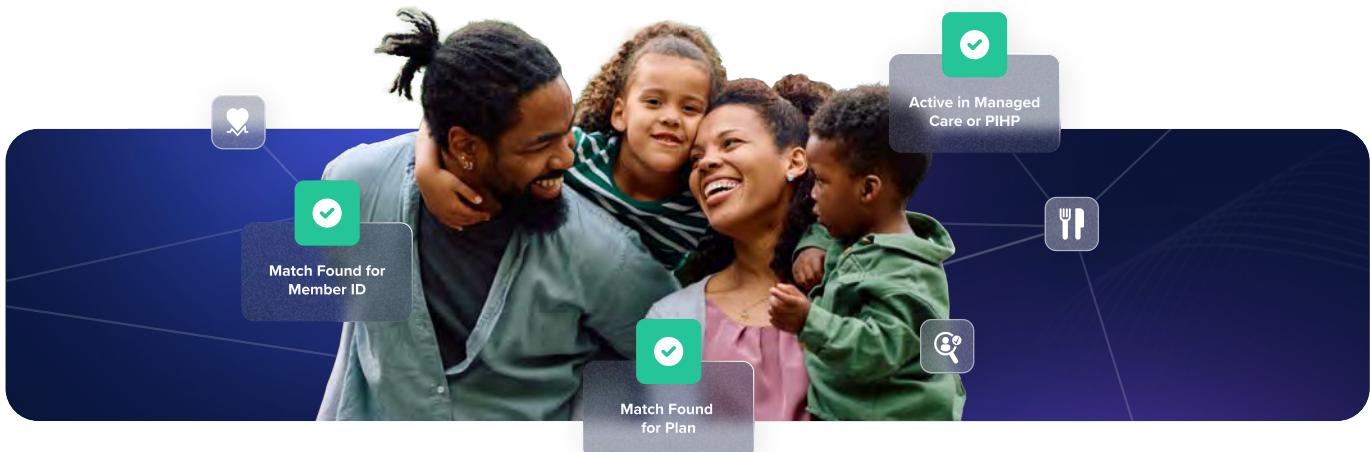
QUESTION #6

How Do You Support Program Integrity?

Manual verification processes—such as confirming eligibility or tracking enrollment status—are time-consuming, error-prone, and create bottlenecks for staff and participants alike. By embedding these capabilities directly into care coordination workflows, organizations can protect funding, reduce risk, and allocate resources appropriately across programs and populations.

What to look for: Seek technology that safeguards program integrity by automating key checks and streamlining workflows for frontline staff. This includes:

- **Eligibility verification:** Automates real-time checks (e.g., Medicaid eligibility via X12 EDI 270/271 transactions) to confirm member status quickly and accurately.
- **Integrated alerts:** Flags when individuals are no longer eligible for specific programs or need to be disenrolled, preventing misuse of billable services.
- **Centralized coordination:** Provides a single platform where care managers can validate information and act immediately, reducing administrative burden and accelerating service delivery.



Need a quick pit stop?

Here's a list of the Red Flags to look for along your journey:



Broken Referral Loops

In order to truly “close the loop,” a referral should require acknowledgment of receipt by a provider or organization and visibility into the resolution. Without this, it’s not a closed loop—it’s a dead end.



Open-Ended Outcomes

Structured and standardized outcomes that provide more detail than ‘if a service was received or not,’ where permissible, are necessary for accurate insights and consistent reporting.



Burdensome Data Models

Platforms that require months or even years to effectuate data exchange in line with a client’s consent create barriers for the very individuals and organizations the system is meant to support.



Security & Compliance Risk

Platforms that treat security like an afterthought rather than integrated by design or lack industry-leading third-party certifications



New Client Record for Every Referral

This creates messy, fragmented data, and duplicate client records for every referral means no record of care.



A Directory in Disguise

A static, out-of-date directory masquerading as a network is a red flag. Listings may be outdated or defunct leading to dead ends for clients and undermining the reliability and effectiveness of the care coordination process.

Deliver Coordinated Care: Collaboration and Follow-Through

Once an individual's information is captured securely and their eligibility is confirmed, the focus shifts to action. How does the platform facilitate coordination and collaboration to prevent anyone from falling through the cracks? True care coordination is about more than sending a referral; it's about confirming it was received, tracking the outcome, and collaborating in real time.

Questions We'll Unpack

Question #7: How Do You Close The Loop On Referrals?

14

Question #8: How Do You Streamline User-to-User Communication?

15

QUESTION #7

How Do You Close The Loop On Referrals?

A true closed-loop referral isn't just about sending information; it's about confirming it landed with the right recipient and knowing the outcome. A [closed-loop referral system](#) will not only efficiently and securely deliver a referral in real time, but also allow you to track the progress and outcome of it to get measurable visibility into its success. Without this, it's not a closed loop—it's a dead end.



What to look for: A provider's ability to see their client's care journey and outcomes creates accountability, reveals trends, and drives smarter decisions across partners. Modern closed-loop systems:

- **Track care journeys from start to finish** for visibility and transparency into the patient journey
- **Standardized structured outcomes** for consistent data reporting and detailed outcomes tracking across systems of care
- **Integrate with existing systems** for seamless data exchange, such as EHRs and care management platforms
- **Include performance dashboards** to quickly evaluate program and user efficiency and improve decision-making

Watch Out For: Dead-Ends in Disguise

What they call a 'closed-loop referral' is simply a confirmation prompt that says the referral was sent. That's not a loop—it's a dead end.

— Former user of another platform

“

QUESTION #8

How Do You Streamline User-to-User Communication?

Integrated communication tools help care teams stay aligned, address concerns in real time, and make faster, more informed decisions about a person's care.

What to look for: Advanced tools, such as real-time chat features, that enable care team members across the network to engage with each other around a common shared client.. Improving workflow efficiency between providers begins with a platform that:

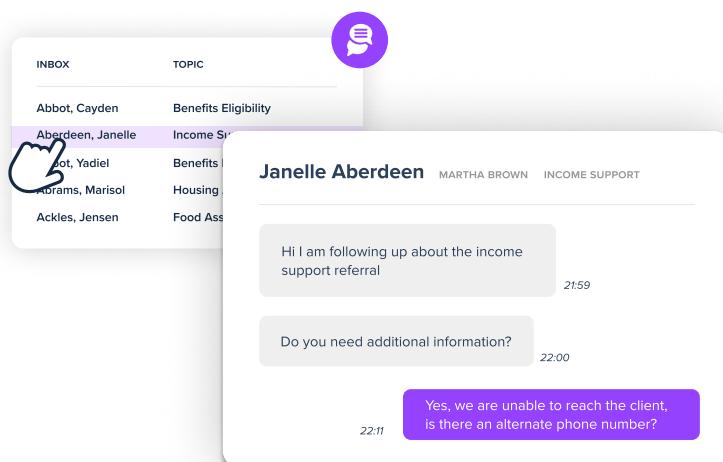
- **Has secure user-to-user live chat functionality** for care team members to collaborate around shared clients
- **Securely stores chat history within the user's account** for quick and efficient follow-up

User Insights: The Value of a Real-Time Chat for Care Coordination

"It is extremely helpful and fast, I feel like it saves a TON of time to just message back and forth rather than phone calls. Game changer.

Example: I forgot to put my member's phone number on their Meals on Wheels referral. They messaged me within 10 minutes of the sent referral, I messaged right back with the phone number, and the member got their meals the next day."

– *Taylor Higdon, RN, CCM,
Chronic Care Coordinator RN AllCare*



Drive Sustainability: Funding the Mission

Delivering services and closing the loop on referrals are key to effective care. But for this ecosystem to be truly sustainable, the nonprofits and CBOs delivering services must be compensated efficiently, reliably—and quickly. Streamlining the reimbursement process enables CBOs to sustain their vital work and scale their impact.

Questions We'll Unpack

Question #9: How Do CBOs Get Reimbursed?

17

QUESTION #9

How Do CBOs Get Reimbursed?

Streamlining reimbursement processes is key to boosting the efficiency and impact of community organizations. When CBOs can access funds faster and more reliably, it's easier to scale services, reach a larger population in need, and strategically reinvest in local operations. This enhanced efficiency directly translates into greater volume and better services delivered throughout our communities and state.

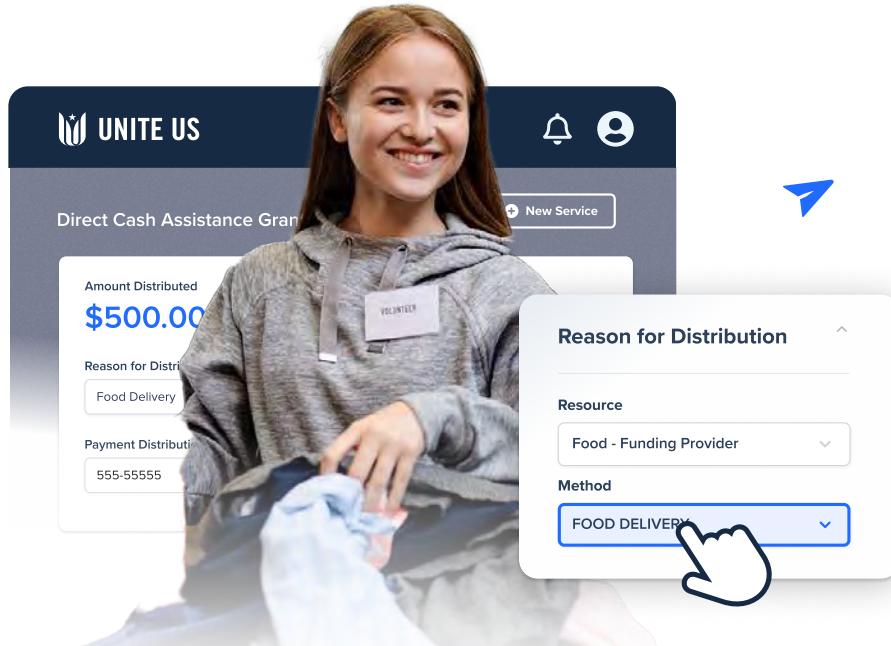
ROI in Action

- To date, Unite Us' billing solutions have helped drive **\$312M** back into communities across the country.

What to look for: Automating processes like invoicing, billing, and enrollment all from within the referral workflow accelerates payments to CBOs, driving program sustainability and success. Strong reporting tools help CBOs track fund distribution, manage payment workflows, and minimize billing denials.

Look for:

- **Higher-than-average billing acceptance rate** to demonstrate success
- **Billing and reimbursement tools** that fully integrate into referral workflows
- **Fund distribution tracking** across organizations, funding streams, and programs
- **Monitoring of billing revenue cycles** for reimbursable services



The Non-Negotiable Standard: Privacy and Security

By creating a seamless reimbursement system for CBOs, you create a successful cycle—driving the measurable outcomes and ROI we started with. Underpinning every step of this journey, from initial assessment to final payment, is the non-negotiable foundation of data security and privacy. Protecting client data isn't just a feature; it's the bedrock of trust for your entire network.

Questions We'll Unpack

Question #10: How Do You Uphold Privacy and Security?

19

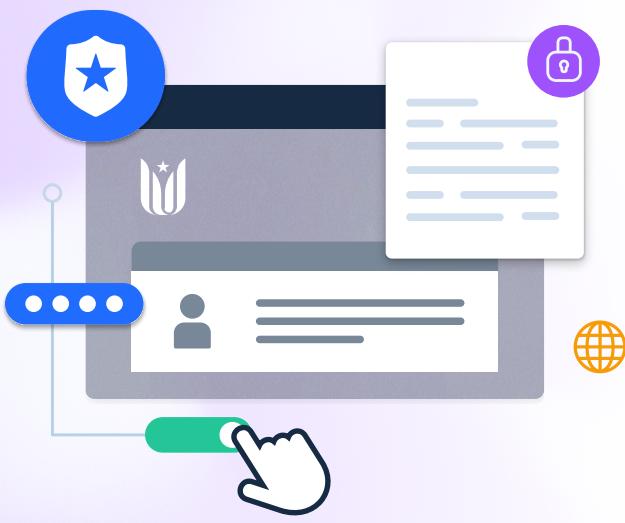
QUESTION #10

How Do You Uphold Privacy and Security?

Across all human services, safeguarding client data is both an ethical and operational imperative; it's also a fundamental legal requirement. Adhering to the highest privacy and security standards means protecting all client data with the same level of rigor regardless of the source. Prioritizing robust security and privacy builds the backbone of trust among individuals, providers, and community organizations.

What to look for: Compliance with key industry privacy and security standards, such as HIPAA, HITRUST, SOC 2, and NIST is foundational, but it's also imperative to look for a platform that:

- **Encrypts data in transit and at rest** to protect client information at all stages of processing, storage, and transmission
- **Enables role-based access control (RBAC)** with permissions granted only to those who need it to perform their duties.
- **Completes regular independent audits** to keep the technology up to industry standards



BONUS QUESTION!

How Do You Support Program Expansion and Growth?

Community programs are rarely static; they are continuously evolving in response to community needs, funding opportunities, and policy changes. Organizations often start with a focused initiative and gradually expand to cover new use cases and reach additional populations.

A technology solution must facilitate this organic growth, allowing users to start small and seamlessly ramp up to more complex, comprehensive programs without re-platforming. Without it, organizations could face significant hurdles in scaling their impact, integrating new services, or responding to dynamic community challenges, ultimately hindering their ability to deliver effective service.

What to look for: A solution should not only address current operational requirements but also offer a robust, future-proof foundation for growth and adoption. This includes a broad range of integrated solutions to **predict needs, deliver services, and facilitate payments**, creating a seamless experience and providing comprehensive data insights across the full lifecycle of care delivery.

- **Enterprise level capabilities** to provide an extensible foundation indefinitely
- **Integrated "one-stop shop" capabilities** that can be seamlessly adopted
- **Proven capability for rapid scale** and efficient network expansion
- **Track record of product development** that aligns with market trends and users needs
- **Inherent adaptability for integrating new programs**, diverse data sources, and evolving payment models without requiring significant overhauls or disrupting existing operations.

From the Experts

“**Planning and decisions should be increasingly predictive and proactive, using AI, analytics, business intelligence and data science to significantly reduce the cost due to delays.**”

— *Top Trend in Government: AI for Decision Intelligence Gartner*

What's Next

We invite you to take the next step in transforming the way you address non-medical drivers of health and deliver community care. Whether you are a healthcare provider, payer, government agency, or CBO, the time to act is now.

Reach out to us today to learn more about how our solutions can empower your team to deliver more efficient, effective, and compassionate care. Together, we can create a future where everyone has access to the support they need to thrive.

[**Contact Us**](#)

Don't miss your opportunity to connect.

