



Centauri Ascent[®]

Centauri Ascent Quality Suite of Solutions is designed for complete HEDIS[®] data management and reporting, includes retrieval and abstraction services; and has helped health plans and provider organizations to transform healthcare data into reliable, actionable information for more than 20 years.

centaurihs.com

QUALITY

Certified HEDIS Submissions, HEDIS Audit Support



- Certified for 81 HEDIS 2018 measures and systematic sampling, for our HEDIS[®] product; we host, validate and process HEDIS results.
- We have been National Committee for Quality Assurance (NCQA) Certified Since 2006.

CENTAURI ASCENT®

Our collection of Centaury Ascent tools are used to collect and measure data quickly and accurately to produce HEDIS and 5-STAR reports which identify gaps in care throughout the year. We give our clients the ability to focus their resources on closing the most impactful gaps.

HEDIS® Data Management and Report Solution

- Reviews millions of claims quickly & accurately
- Allows multiple views into the data and population with drillable & customizable robust reports
- Provides audit support for all members and measures

ChartNet – HEDIS Chart Management Solution

- Simplified, easy-to-use chart review interface offers web- based tool with real-time scoring
- Provides integrated chart scanning, annotation and note taking
- Chart requests are faxed directly to providers from the tool

Care Gap Finder

- Quality Improvement Management Solution
- Proactively reports gaps in care throughout the year
- Flexible scheduling of reports based on client need
- Tracks and trends results over time
- Includes provider-level profile reports comparing results to peers and to prior performance.

FEATURES

- Identification of members who have missing conditions and highest opportunities for successful risk adjustment and care gap closure
- Flexible measure architecture
- Algorithms/source code designed for calculations of non-HEDIS measures
- Access to Provider scorecards
- Recognition and retrieval of only those medical records that are risk adjustment eligible
- Integrated, prioritized and segmented reports

BENEFITS

- Ability to predict how members would respond to outreach, and pinpoint which members would most greatly impact the organization's bottom line
- Easily create state and custom measures, including hybrid measure development
- Potential improvement opportunities allows for chase lists optimization
- Evidence-based clinical coding documentation, ensures that diagnoses and related condition codes meet audit requirements
- Access to member, provider, and provider group level drill-down views as well as combined scores

Need assistance with your Retrospective or Prospective Adjustment Program?

Contact us to experience a Product Demo

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