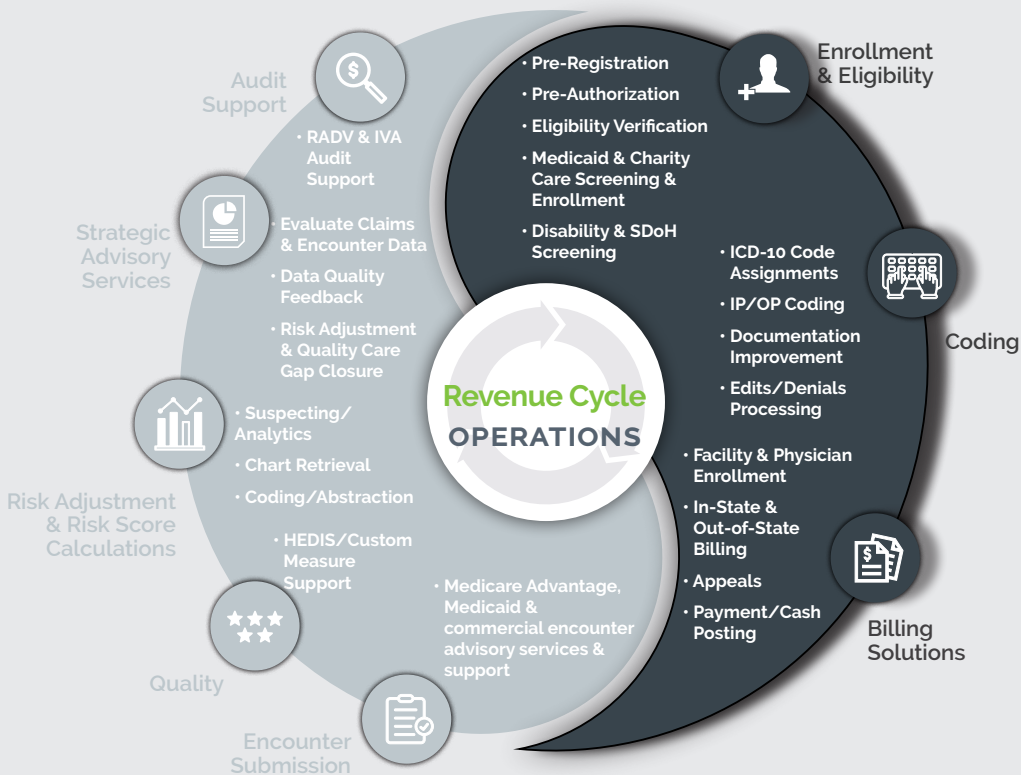


# Hospital Solutions

Centauri Health Solutions is a quality, risk adjustment, enrollment, eligibility and billing solutions healthcare services company.

As a leading provider of technology-enabled analytics and services, Centauri helps health plans and providers to manage their variable revenue linked to population health, quality and eligibility factors for more than 25 million lives.

Our workflow platform integrates cross-functional support across all products and services.



## Custom Support

Ability to choose à la carte or end-to-end solutions from our suite of services, based on your business needs.

We possess specialized expertise in sophisticated hosted software solutions, data-driven services and data management capabilities.

## SOLUTIONS

Through our smart acquisitions of best-in-class brands, we have become an even stronger partner with enhanced scope and quality of revenue cycle management services available to you.

### ELIGIBILITY ENROLLMENT

#### Medicaid, Subsidized QHPs, Charity Care and Federal Disability Income Programs



We are a 30-year leader in government program eligibility enrollment and reimbursement solutions for hospitals. We work together to understand the dynamics of each organization and design a tailored reimbursement solution to maximize cash flow, while helping patients realize quality-of-life improvements.

- Enrollment and Retention: Seamless end-to-end Medicaid enrollment assistance with the appropriate county/state office, including denials resolution, pre-authorization assistance and annual redetermination submissions for continuous coverage.
- Application Assistance: Bedside, phone and in-person assessments for inpatients, emergency department patients, outpatients and "overflow" or other referred accounts.
- Social Determinants of Health: Connection to non-medical, community benefits for patients. Partnership on community outreach events linked to Community Health Assessments for clients.
- Low-Dollar Account Specialization: Patient-focused call centers and technology solutions reach high-volume, low-dollar inventory more efficiently. Giving you increased ROI on accounts otherwise written off.

### OUT-OF-STATE BILLING & ENROLLMENT

#### Medicaid and Medicaid Managed Care



We have decades of experience helping healthcare providers maximize reimbursement for Out-of-State Medicaid billing. We manage more than \$1 billion in Medicaid claims annually, with proven results in turning time-consuming accounts into revenue.

- Eligibility Verification: 24/7 online access to clients for eligibility checks and verification on every referred claim.
- Provider Enrollment (Facility & Physician) – including ORP & Revalidation: Application completion, submission, follow-up and monitoring for uninterrupted billing cycles.
- Responsive Reporting: Financial Performance Summaries provide real-time claim state review, targeted data analysis and measurement of open A/R days.

Need assistance with  
your revenue cycle  
management solutions?

Contact us to experience  
a Demo

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