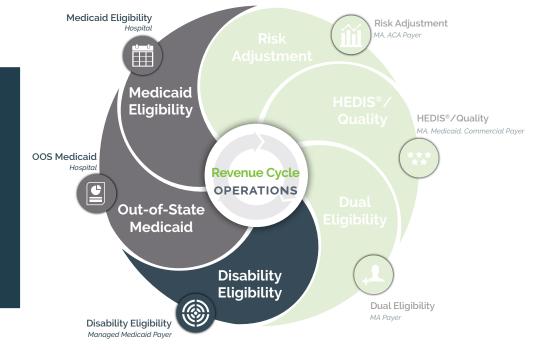


Hospital Solutions

Centauri Health Solutions is a healthcare technology and services company – powered by analytics.

Our workflow platform integrates crossfunctional support across all our products and services.

Centauri helps hospitals and health plans to manage their variable revenue linked to population health, quality and eligibility factors for more than 25 million lives.



Custom Support

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

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 more than two decades of experience helping healthcare providers maximize reimbursement for Out-of-State Medicaid billing. We manage nearly \$1.5 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.

Let us show you how we can increase your ROI with our differentiators.

Contact us for an analysis today.

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