



POWER TO SOLVE.
PASSION TO SERVE.

Centauri Health Solutions provides services to payors and providers in government sponsored healthcare programs, including Medicare Advantage and Medicaid. In partnership with our clients, we improve the lives and health outcomes of the members and patients we touch through compassionate outreach, sophisticated analytics, and data-driven solutions.

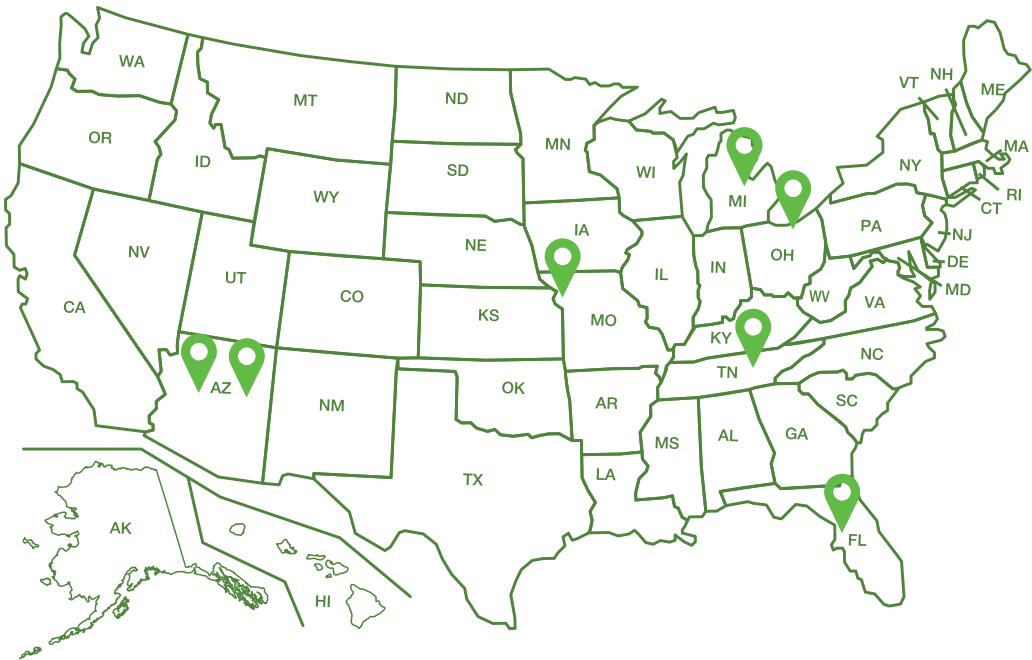
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Centauri Health Solutions

Our solutions lead to higher capitation rates for clients, reduced uncompensated care and greater well-being for patients and members. Offering services to meet the needs of specialized populations we provide Risk Adjustment, a variety of Eligibility and Enrollment solutions, Quality program efforts and Out-of-State Billing.

We tailor solutions which enable health plans and hospitals to manage variable revenue through a custom-built workflow platform, seamlessly integrating cross-functional service and support to meet the needs of specialized populations.



Centauri Corporate office located in Scottsdale, AZ

1,100+ associates

Health Plan & Hospital-experienced Leadership

All services are healthcare reimbursement-focused

"Centauri is a critical part of our success and we look forward to reaching our higher goals through our continued partnership." - CMO, California Health Plan

Our History

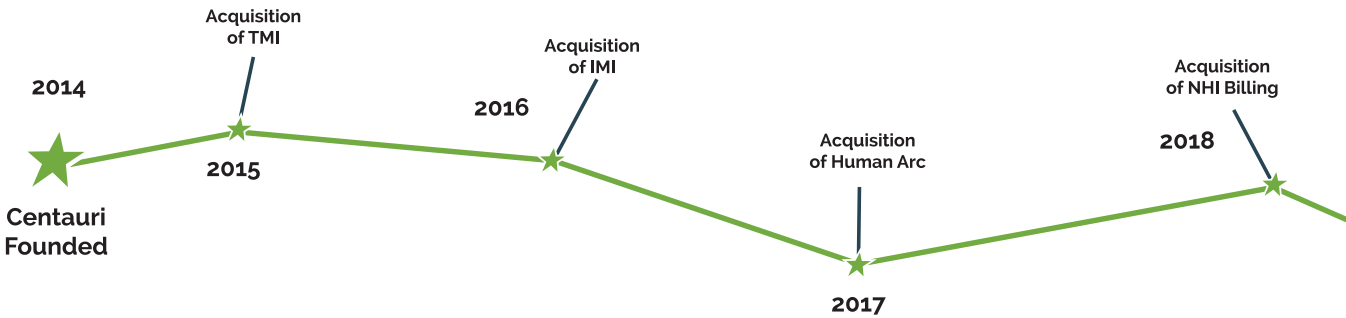
We have become one of the fastest growing private companies in the United States.

2018 – Acquired NHI Billing Services. Founded in 1996, NHI was a national leader in Out-of-State (OOS) Medicaid Billing, managing more than \$1.5 billion in OOS Medicaid claims for hospital clients annually.

2017 – Acquired Human Arc. Founded in 1984, Human Arc brought more than 30 years of expertise in government program eligibility enrollment and reimbursement services for hospitals and health plans.

2016 – Acquired IMI Health. The quality analytics organization brought its NCQA HEDIS-certified status; it first became certified in 2006.

2015 – Acquired TMI, Inc. The medical record retrieval and scheduling company was Centauri's first acquisition.



SUITE OF PRODUCTS



Risk Adjustment

Risk Adjustment is a process that evaluates the health status of health plan members alongside the spending of the health plan (insurance plan) versus the health care outcomes and costs.

HEDIS®

Government sponsored health insurers largely require vendors to be NCQA HEDIS® certified to administer their HEDIS programs. Through our acquisition of IMI in 2016, Centauri has been accredited by the NCQA HEDIS certified consecutively since 2006. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Eligibility and Enrollment Services

Eligibility and Enrollment services for health plans and hospitals supports outreach to Medicare, Medicaid and Dual-Eligible members populations to help them navigate the current enrollment and billing rules and regulations of government insurance plans.

The Centauri Suite of products includes a comprehensive technology platform operating workflow, reporting and business intelligence software designed for efficient data integration, and analytics.

Our workflow platform integrates cross-functional support, which provides internal and vendor program management and oversight. These efforts result directly in better-informed health care delivery, richer benefits and reduced out-of-pocket healthcare costs.





RISK ADJUSTMENT

Analytics

Our Risk Adjustment program typically begins with suspect targeting – the identification, qualification, and ranking of members who have the highest probability of having missed, incomplete, or inaccurate diagnostic and disease conditions codes within medical charts. We work with clients to target these members, claims and encounter data and provider charts based on our targeting efforts. We specifically identify and target those risk adjustment gaps needed to accomplish each plan's retrieval, coding, reporting, analysis and provider education goals.

Medical Record Retrieval

Our web-based workflow tool is purpose-built to optimize medical record retrieval effort and is based on a decade of operational experience outreaching to providers to secure and store medical records. From provider outreach and scheduling to image indexing and coding, incremental improvements have been made to optimize retrieval rates and reduce provider abrasion.

Coding

Ensuring that our clients maintain accuracy and compliance are extremely important to Centauri. Our coding module allows our clients full visibility to secure a real-time online reporting view of auditing tools that are easily accessible via our web-based dashboard.

Features and capabilities are available within our tool for both Centauri coders and clients' internal coding teams. Our standard coding approach is to code every date of service (DOS) and all diagnosis codes based upon the Official Coding Guidelines (OCG), American Hospital Association (AHA) Coding Clinic guidance, and CMS guidance.

Submissions

Our submissions program for Risk Adjustment Processing System (RAPS) and Encounter Data Submission (EDS), helps clients solve the business problems of compliance and payment accuracy with a core platform that is data-source agnostic. We understand that each data governance and revenue integrity program is unique.

As a trusted and experienced partner, our tools can assist in the development of strategies which support the submission of accurate and compliant data, no matter the format and destination. We are certified by the Centers for Medicare & Medicaid Services (CMS) to submit institutional, professional and DME files and have our own submitter ID for the Medicare Advantage (MA) line of business.



QUALITY

HEDIS®

Government sponsored health insurers largely require vendors to be certified by the National Committee for Quality Assurance (NCQA) to administer their health effectiveness data information set (HEDIS) programs. Through our acquisition of IMI, Centauri has been certified consecutively since 2006.

We provide a retrospective, look back, view of health plan and provider performance on HEDIS measure set through a core platform that is completely agnostic in terms of the source of data that can be received and integrated. This enables our system to consume as much data as provided; with no limit to the supplemental data that can be integrated.

HEDIS Retrieval

Accuracy and compliance are extremely important to us. HEDIS medical record retrieval projects begin with a review of client goals and expectations for the project. Just like we do for risk adjustment, before we outreach to provider office staff to request medical records, we partner with our clients to prioritize chart retrieval and abstraction based on pre-defined criteria.



Within our chart abstraction tool, we can identify high versus low priorities for chart chase, defined by our clients. Staff conducting outreach calls to obtain records, which is a chart chase, will focus on high priority medical records first, then move to lower priority medical records. Our medical record review tool is integrated within our Precise® HEDIS reporting module, to allow real time measure calculation and other functionality to facilitate measure review accuracy and project efficiency.

HEDIS Abstraction

Much like looking for and recording diagnostic codes that have been included within medical charts by providers for risk adjustment coding, abstracting HEDIS measures involves looking for and “pulling out” insurance claims, labs, encounters, follow up reminders sent by providers, etc. that NCQA has specifically asked health plans to track.

Abstraction is conducted as medical records are received with certified coders abstracting fewer complex measures while RNs, LPNs and/or other licensed healthcare professionals abstract the more complex HEDIS measures. Our solution has chart abstraction forms for each of the hybrid HEDIS measures, which is a recording of administrative and clinical data within medical charts by providers.



Care Gap Management

Centauri applies advanced machine learning algorithms to continuously identify, quantify and predict both clinical and non-clinical high-value categories indicative of reimbursable chronic conditions to optimize and continuously advance your knowledge about your membership population.

These efforts target gaps in the quality of care received by members and quality measures most difficult to control, such as keeping high blood pressure within normal levels. We will locate and close those gaps that impact care management and improve NCQA quality scores.

HEDIS Reporting

Clients have full visibility into HEDIS reporting, through our Precise® reporting engine at the plan, provider/facility, employer group and overall population level. Reports are accessible within our Insights report portal and are available on demand to support additional analysis by clients and Centauri. Data is updated and refreshed once per day.

Standard and custom HEDIS reports allow clients to:

- Review measure level rates across business lines
- Drill into member and provider/provider group levels to identify compliance and non-compliance with quality metrics
- Track and trend progress of data inputs
- Identify gaps in care and closure of care gaps
- Identify data issues

HEDIS-specific reports:

- Measure Rates and Analysis Reports
- Abstraction Management Reports
- Inter-Rater Reliability (IRR) Reports

HEDIS Submission

Our team and solution support the generation and submission of the patient-level data information file (PLD file) and interactive data submission system (IDSS) XML File to NCQA and CMS for HEDIS Submission. Our team conducts validation of the load to ensure the load occurred without error. We will work in partnership with clients to refine the IDSS and PLD files until the final data submission.



ELIGIBILITY & ENROLLMENT

HEALTH PLANS – Disability Eligibility (Best Benefits) and Dual Eligibility Enrollment (PremiumAssist)

For more than three decades, we have been a trusted partner for increasing revenue and cost of care savings for health plans, while adding life-enhancing benefits to members' lives.

We are the nation's leader in SSI eligibility and enrollment for Medicaid Managed Care Plans. Each year, we generate \$1.3 billion in additional money in the pocket for health plans and members. We also lead the way in dual eligibility outreach, enrollment and re-determination services for Medicare Advantage Plans and re-determination services for dual Special Needs Plans. Our proactive retention strategy reduces traditional fall-off rates by half.

HOSPITALS – Medicaid Eligibility/Enrollment

We are a national leader in government program eligibility enrollment solutions – with proven expertise in Medicaid, subsidized Qualified Health Plans, charity care and federal disability income programs.

Securing more than \$60 million in annual Medicaid revenue for clients, we customize our solutions to provide the exact level of support needed. We arm hospital teams with the technology to enable success – as well as with the expertise of our specialists as an onsite or offsite extension of their teams.

Through our Out-of-State (OOS) Medicaid billing services, we manage nearly \$1.5 billion in hospital claims annually. Our targeted focus on OOS collections for Medicaid and Medicaid Managed Care Plans, allows us to provide unparalleled expertise for clients.



HEALTH PLAN ELIGIBILITY & ENROLLMENT SERVICES

SSI ELIGIBILITY & ENROLLMENT Best Benefits for *Medicaid Managed Care Plans*

AI-Driven Analytics

Powered by our Artificial Intelligence-driven analytics, we achieve industry-leading results: identifying and locating four times more disabled plan members than our competitors, with 30% more approvals.

Targeted Outreach

For every member we impact, we have more than two years of data – a total of more than 768 million claims records. That informs our targeting score, allowing us to identify 90% of eligible members.

Higher Capitation

We add \$650 million in additional capitation to health plans across the country annually, providing new revenue for them to care for identified high-risk members.

DUAL ELIGIBILITY SERVICES

PremiumAssist for Medicaid Advantage Plans and Dual SNPs

AI-Driven Analytics

Our Artificial Intelligence driven analytics empower us to identify, quantify and predict high-value members within non-dual and dual-eligible populations with up to 99% accuracy.

Targeted Outreach

We apply advanced machine learning algorithms to our robust data sets to continuously advance clients' knowledge of their membership population and optimize our ability to locate and impact those in need.

Retention Strategy

Our proactive outreach ensures annual recertifications are completed on time. Through ongoing member engagement, we often reduce traditional fall-off rates by half.



HOSPITAL ELIGIBILITY & ENROLLMENT SERVICES

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.

Low-Dollar Account Specialization

Patient-focused call centers and technology solutions reach high-volume, low-dollar inventory more efficiently. Giving clients increased ROI on accounts otherwise written off.

Social Determinants of Health

Connection to non-medical, community benefits for patients. Partnership on community outreach events linked to Community Health Assessments for clients.

We Outperform Competitors

For more than 30 years, we have partnered to understand the unique government program eligibility and enrollment needs of organizations. Based on our experience, we design custom reimbursement solutions to maximize cash flow for hospital systems.

What does our experience mean to you?

Our experience allows us to get the volume of Accepts, Approvals and Charges that nobody else can.

Head-to-Head Competitor Comparison*

CLIENT #1	APPROVED	NET CONVERSION	GROSS CONVERSION
Centauri	5678	36%	12%
Competitor A	1396	18%	3%
CLIENT #2	APPROVED	NET CONVERSION	GROSS CONVERSION
Centauri	25044	88%	40%
Competitor B	21802	77%	35%
CLIENT #3	APPROVED	NET CONVERSION	GROSS CONVERSION
Centauri	7672	71%	21%
Competitor C	3333	N/A	13%

*Data derived from client-led comparison reports from alpha-split (50/50 between Centauri & Competitors) at major Level 1 Trauma Facilities based in Cleveland, Ohio.



OUT OF STATE BILLING

OUT OF STATE MEDICAID BILLING

We maximize Medicaid revenue from Out-of-State Medicaid account collections. With decades of experience, our team works diligently to simplify the process for you.

It is difficult to stay apprised of ever-changing rules and regulations across all Medicaid Programs. Since 1996, our OOS Medicaid Billing Solutions have guided clients through the process from registration to reimbursement.

We work with healthcare providers to:

- Verify eligibility and authorization requirements 365 days a year
- Complete provider enrollment applications
- Bill Medicaid state agencies and designated HMOs
- Follow up on accounts
- Complete appeals

Today, we manage nearly \$1.5 billion in Medicaid claims annually.



For more than two decades, we've helped our clients identify revenue in accounts that would otherwise be written off. Thanks to our business model and commitment to quality service, our initial 25 clients remain with us today.



Provider Enrollment Information

CHALLENGE: Hospital Board of Director and Managing Employees' information are now required elements of the Provider Enrollment (PE) process for 48 of the 50 state Medicaid programs. Omitting this information is a top reason for non-paid claim closures..

SOLUTION: We are familiar with these requirements and work with clients to gather the necessary data, which resides in our repository system.

Designed to custom each state's application, our system pulls the needed information and populates it, saving staff time and reduces errors for all future provider applications.

RESULTS: We provide detailed reports that identify the growing loss of revenue due to missing information.

By educating clients about Medicaid Payor requirements and outlining the high security practices followed by our team, we were able to obtain the necessary Board signatures.

Medicaid Authorization

CHALLENGE: Another leading reason for Medicaid claim denials is either not getting Medicaid authorization for the patient's stay/ service, or not getting it in a timely manner.

SOLUTION: Our proprietary Eligibility Verification (EV) service completes eligibility verification upfront for clients, providing the most accurate information about the patient's eligibility, authorization requirements and payor timely filing deadlines.

RESULTS: With the support of our eligibility verification tool and the information it provides, clients experience fewer denials and appeals and their average days to pay drops dramatically and often up to more than 40 days.

ASSOCIATE STORIES

LIVING OUR PURPOSE

We are charting a new path in healthcare with power to solve and passion to serve.

Our associates reflect on how they impact clients, community partners and thousands of health plan members and patients each year.

PASSION TO SERVE

ASSOCIATE STORY

Phoebe V., Medicare & Medicaid Enrollment Specialist

SITUATION: The daughter of a 98-year-old, who lost everything in Hurricane Maria, called us because her mother could now no longer afford her Medicare Part B premium.

SOLUTION: I was touched by the care and concern I heard in the daughter's voice. I lost a cousin in the 2017 Puerto Rico disaster, so the call was especially meaningful to me. I completed and submitted a Medicare Savings Plan application, which lowered her mother's premium payments by more than \$1,600 a year.

GRATITUDE STATEMENT: *"I want to thank you for all the help you gave my mother...God bless you."*



PASSION TO SERVE

ASSOCIATE STORY

Rene S., Disability Specialist, Best Benefits

SITUATION: 57-year-old whose anxiety, depression and back issues left her unable to work, preventing her from making payments on the home she shared with her ailing father.

SOLUTION: I filed her disability application and requested retroactive benefits since it had been 9 months since she stopped working. She couldn't believe when she learned that she was awarded a one-time \$17,000 benefit and monthly disability.

GRATITUDE STATEMENT: *"What a blessing! The monthly payments will allow me to stay home and take care of my dad. I wouldn't have been approved without your help."*



PASSION TO SERVE

ASSOCIATE STORY

Kesha D., Disability Specialist, Best Benefits

SITUATION: A 60-year-old, who suffers from debilitating osteoarthritis, required surgery that prevented her from working.

SOLUTION: We reached out and helped her complete the required medical forms and submitted a Medicaid disability application on her behalf. She was sweet and thankful for the help we provided. I will never forget the amazing call when I told her she was approved for more than \$1,200 a month in assistance AND back pay totaling more than \$13,000!

GRATITUDE STATEMENT: *"I can't believe what you were able to do for me. It's been such a struggle to pay my bills. This is a huge weight off my shoulders. Thank you for all the work you put into my case. I will be forever grateful."*



CONSUMER STORIES

LIVES IMPACTED

We are thoughtful and empathetic as we work to improve the lives of one another and the people we serve.

The solutions that we provide reduce uncompensated care and create greater well-being for patients and members.

MEMBER STORIES

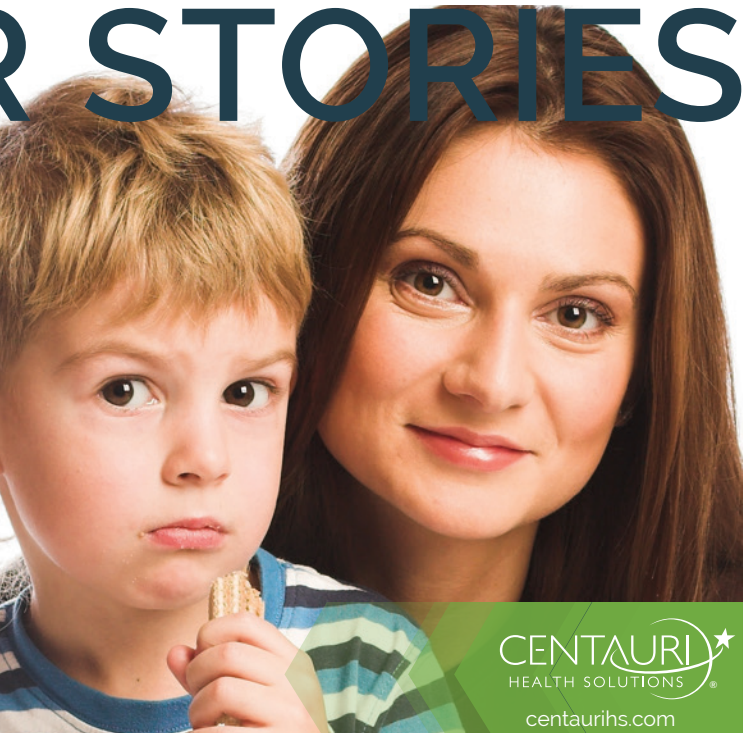
MEMBER STORY | 5-YEAR-OLD BOY WITH AUTISM

PLAN MEMBER: 5-year-old Autistic boy with learning and speech delays

SITUATION: Boy's mother had been denied disability benefits for her son several times in the past. With the most recent application, our team identified that the child was wrongly denied due to a technical issue and contacted her to let her know.

SOLUTION: Our Disability Specialist guided the mother on how to dispute the denial and maintained close follow up with her and the Social Security Administration until the issue was resolved and the claim was paid. The child is now receiving \$770/month in benefits!

HER GRATITUDE: *"My son had been denied so many times, I had given up until your Outreach Specialist called me and convinced me to try again. I am so thankful. Your team has been the best."*



MEMBER STORIES

MEMBER STORY | DISABLED FATHER

PLAN MEMBER: Disabled man, disabled after two debilitating strokes

SITUATION: The husband and father of a newborn child was unable to work and provide for his family after suffering the strokes.

SOLUTION: We filed his disability application, which was denied at the initial stage. Our Disability Specialist then filed a reconsideration appeal, which was then approved.

HIS GRATITUDE: *"I'd like to thank you for the assistance on my case. It was a long journey, but it was comforting knowing that someone was on my side. Again, thank you and (your team)."*



CERTIFICATIONS & HONORS



NCQA HEDIS

Centauri is one of few companies in the U.S. certified since 2006 by the National Committee for Quality Assurance for its HEDIS management and reporting solution. The NCQA-certification is a widely recognized seal of quality for consumers and employers – and it showcases Centauri's long-standing commitment to industry-leading service and quality.

2019 INC. 5000 LIST

Centauri made Inc. Magazine's definitive ranking of America's fastest-growing, privately held companies in 2019. Ranked number 132 overall with three-year revenue growth of 2694 percent, Centauri was also the #4 Top Arizona company and #16 Top Health company nationwide.



HITRUST



Centauri has also earned multiple HITRUST certifications – considered the gold-standard in information security certification nationwide. Our certifications cover our risk adjustment and quality software and service platform – as well as our health plan eligibility and enrollment service lines' infrastructure.

TOP 10 TECH STARTUP BY TECH TRIBUNE

Centauri was named one of 2019's Best Tech Startups in Scottsdale by The Tech Tribune. In selecting the top ten companies, The Tech Tribune staff considered revenue potential, leadership team, brand/product traction and competitive landscape.



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