HEDIS®

RETRIEVAL
ABSTRACTION
ANALYTICS
REPORTING
SUBMISSIONS
AUDIT SUPPORT

CENTAURI
HEALTH SOLUTIONS®

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.

CENTAURI HEDIS SOLUTION

HEDIS

Our end-to-end HEDIS solution empowers health plans and provider organizations with complete HEDIS data management and reporting, including retrieval, abstraction and submission services; and has helped health plans and provider organizations transform healthcare data into reliable, actionable information for more than 20 years.
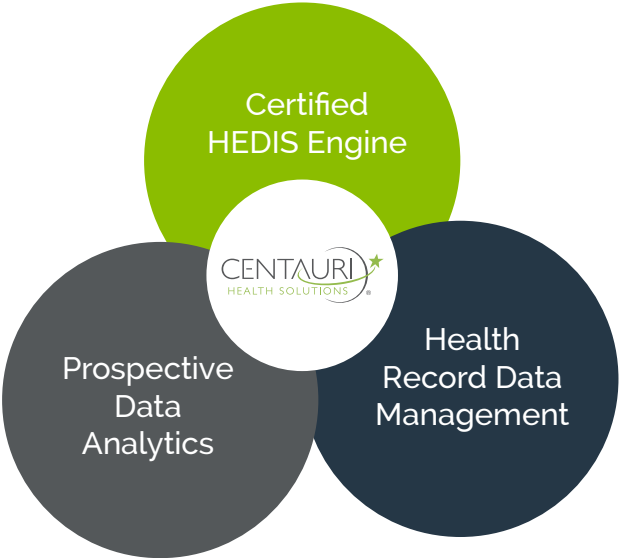
Government sponsored health insurers largely require vendors to be certified by the National Committee for Quality Assurance (NCQA) to administer their health effectiveness data information set (HEDIS) programs.

Centauri is certified for 83 HEDIS 2019 measures and systematic sampling and we are among a select few to be certified by the National Committee for Quality Assurance (NCQA) since 2006. We host, validate and process HEDIS results.

CERTIFIED

NCQA

HEDIS® MEASURES

2019
Centauri Health Solutions, Inc.

The Centauri Advantage

We provide a retrospective 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.

We provide clients the option for Centauri to manage your HEDIS program from end-to-end, or you can choose to use our software and manage your HEDIS program internally.

The choice is yours.

Our collection of tools is used to collect and measure data quickly and accurately, to produce HEDIS and pay-for-performance reports which identify gaps in care throughout the year.

Certified HEDIS Engine

CENTAURI
HEALTH SOLUTIONS

Prospective Data Analytics

Health Record Data Management

QUALITY

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. 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.
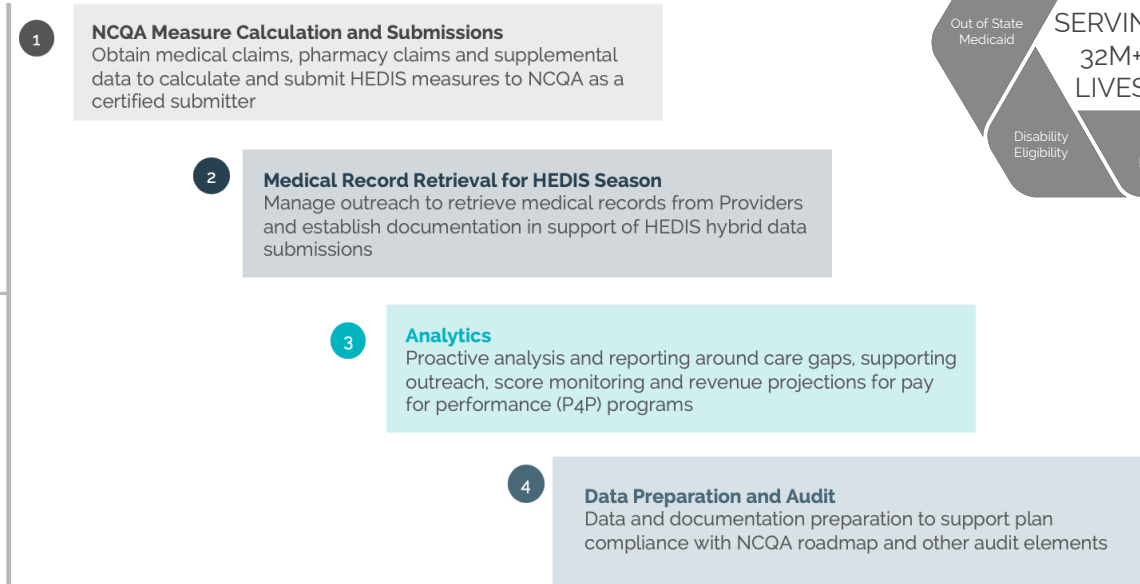
HEDIS ABSTRACTION

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.

Comprehensive Solutions

HEDIS/ Quality Solution Cycle

1 — **NCQA Measure Calculation and Submissions**
Obtain medical claims, pharmacy claims and supplemental data to calculate and submit HEDIS measures to NCQA as a certified submitter

2 — **Medical Record Retrieval for HEDIS Season**
Manage outreach to retrieve medical records from Providers and establish documentation in support of HEDIS hybrid data submissions

3 — **Analytics**
Proactive analysis and reporting around care gaps, supporting outreach, score monitoring and revenue projections for pay for performance (P4P) programs

4 — **Data Preparation and Audit**
Data and documentation preparation to support plan compliance with NCQA roadmap and other audit elements

SERVING 32M+ LIVES

- Medicaid Eligibility
- Risk Adjustment
- Out of State Medicaid
- HEDIS/ Quality
- Disability Eligibility
- Dual Eligibility

Advance ChartNet Management Workflow
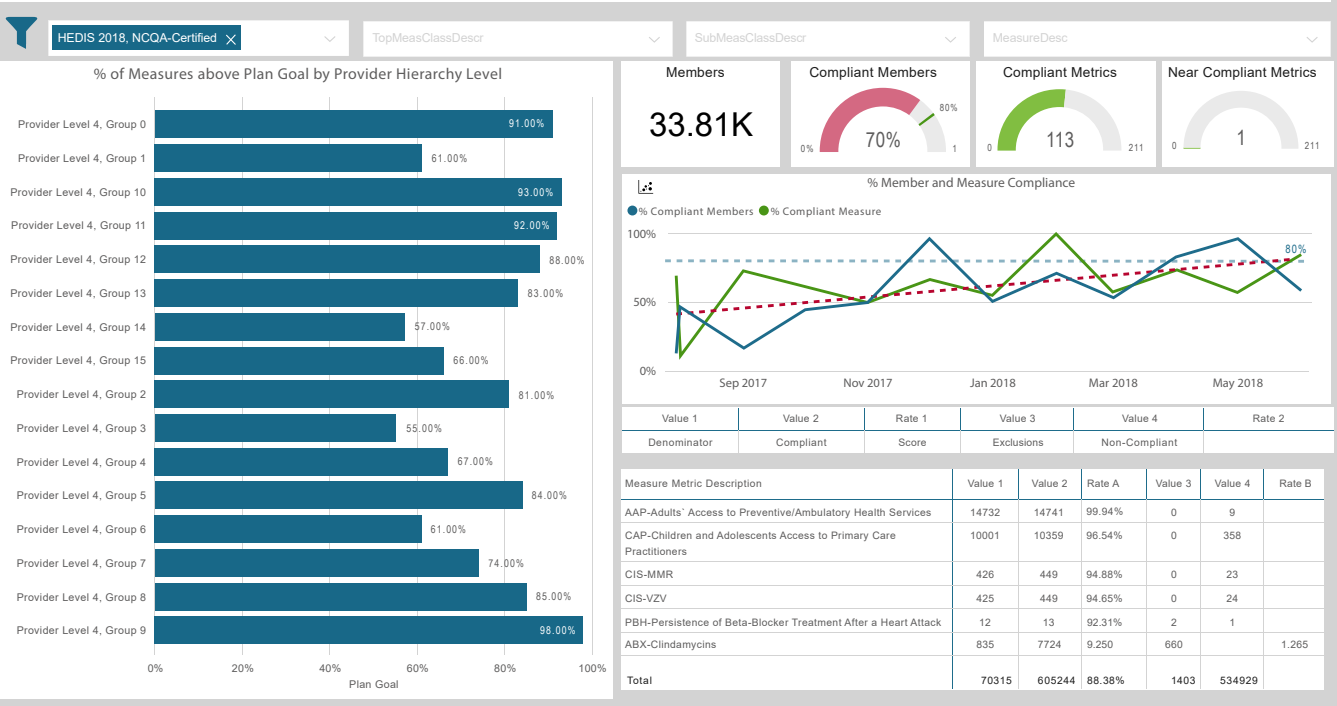

Care Gap Management

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.

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
• Processing HEDIS Care Gaps for 8.6 M lives

2019 Care Gap Finder Dashboard

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.
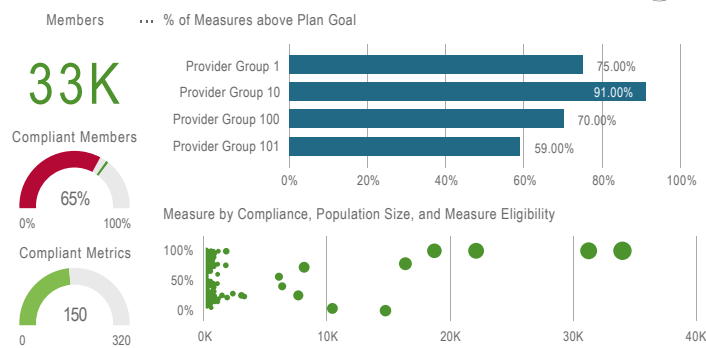
Standard and custom HEDIS reports allow clients to:

- 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
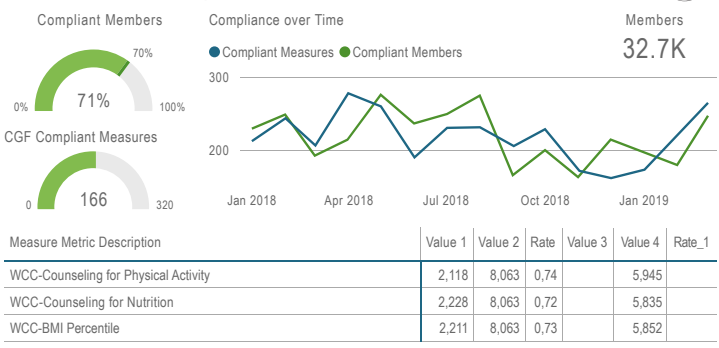- Identify gaps in care and closure of care gaps
- Identify data issues

HEDIS-specific reports:
- Measure Rates and Analysis Reports
- Abstraction Management Reports
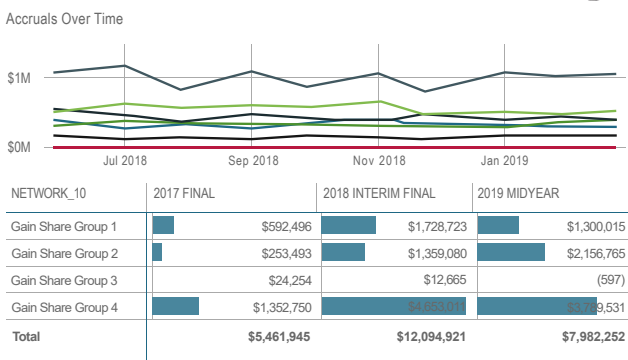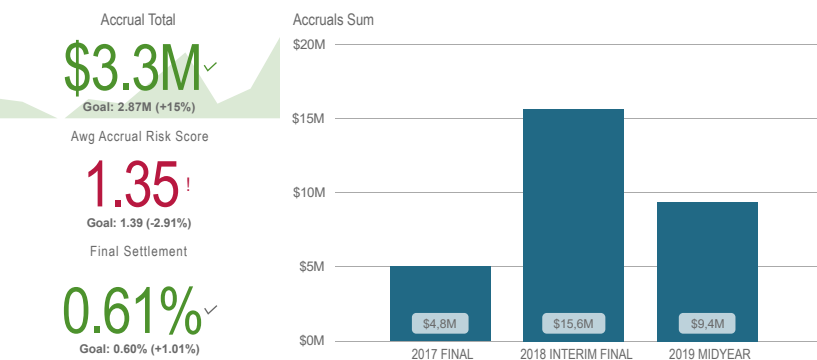- Inter-Rater Reliability (IRR) Reports

Precise Data Management & Reporting
- Reviews millions of claims quickly and accurately
- Allows multiple views into the data and population with drillable and customizable robust reports
- Provides audit support for all members and measures
- Continuously certified since 2006

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.

HEDIS Precise Dashboard

HEDIS Care Gap Finder Dashboard

Measure Metric Description	Value 1	Value 2	Rate	Value 3	Value 4	Rate_1
WCC-Counseling for Physical Activity	2,118	8,063	0,74		5,945	
WCC-Counseling for Nutrition	2,228	8,063	0,72		5,835	
WCC-BMI Percentile	2,211	8,063	0,73		5,852	

Accrual Dashboard

NETWORK_10	2017 FINAL	2018 INTERIM FINAL	2019 MIDYEAR
Gain Share Group 1	$592,496	$1,728,723	$1,300,015
Gain Share Group 2	$253,493	$1,359,080	$2,156,765
Gain Share Group 3	$24,254	$12,665	(597)
Gain Share Group 4	$1,352,750		9,531
Total	$5,461,945	$12,094,921	$7,982,252

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