



POWER TO SOLVE | PASSION TO SERVE

CENTAURI QUALITY SOLUTIONS



**Our end-to-end HEDIS solution
for retrieval, abstraction,
analytics, reporting, submissions
and audit support**



QUALITY

HEDIS®

The ability to effectively identify and close quality gaps is critical to improving members' clinical outcomes and a plan's financial performance. Health plans typically require vendors to be certified by the National Committee for Quality Assurance (NCQA) in order to administer their HEDIS® programs. Centauri acquired IMI Health in 2016. As a result of this acquisition, we're one of a select group of vendors who have been continuously certified since 2006.

Our end-to-end HEDIS solution empowers health plans and provider organizations to improve the quality of care for their members and patients by providing complete HEDIS data management and reporting as well as retrieval and abstraction services. We host, validate and process HEDIS results.

HEDIS CERTIFICATION

Centauri is certified for 88 HEDIS 2020 measures and systematic sampling. NCQA's HEDIS Allowable Adjustments Measure Certification is precise, automated testing that verifies compliance with the Rules for Allowable Adjustments of HEDIS.



COMPREHENSIVE SOLUTIONS

HEDIS/Quality Solution Cycle

- 1 NCQA Measure Calculation**
Medical and pharmacy claims, EMR and other supplemental data are used by our NCQA certified engine to calculate HEDIS and HEDIS measures with Allowable Adjustments, state and custom measures.
- 2 Medical Record Retrieval and Abstraction**
Manage retrieval and abstraction for your HEDIS or year-round medical record project using our chart management platform to track your project and collect documentation for hybrid measure reporting.
- 3 Analytics and Reporting**
HEDIS reporting and prospective analysis and reporting around care gaps, supporting outreach, score monitoring and revenue projections for value-based care/Pay for Performance programs
- 4 Data Preparation and Audit Support**
Rate queries and documentation preparation to support NCQA ROADMAP and other audit requirements
- 5 Data Submission**
Creation and submission of the NCQA file(s) via the Interactive Data Submission System (IDSS) and CMS Patient Level Detail (PLD) files for submission of preliminary and final HEDIS rates

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.



HEDIS RETRIEVAL & ABSTRACTION

HEDIS Medical Record Review (MRR) projects begin with a review of client goals and expectations for the project. We incorporate client successes with similar projects and build upon these successes as we work in partnership with clients to support a successful MRR project. We partner with clients to prioritize medical record retrieval and abstraction based on pre-defined criteria, emphasizing the measures which are of highest priority to clients. Our medical record management tool supports the identification of high versus low priority hybrid measures using chase logic defined by clients. Staff conducting outreach as well as abstractors focus on high priority measures first then move to lower priority measures.

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Medical record retrieval begins with outreach calls to provider offices. Our team of retrieval specialists are provided annual training on HEDIS measure updates to guide provider offices to identify and submit the required documentation needed for the annual HEDIS MRR project. Our HEDIS medical record management solution allows the retrieval specialists to track the status of medical records throughout the project to achieve client specific retrieval goals. Once medical records are received, they are uploaded to our medical record management solution for abstraction to begin.

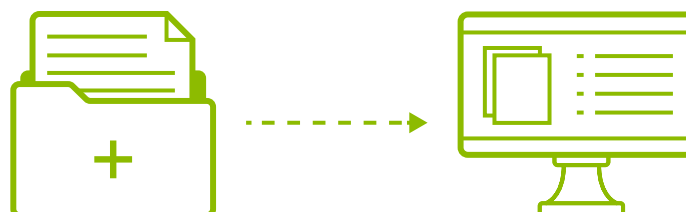
Abstraction Summary			Member	Provider
Pursuit Number: MD-CDC-3852	Abstraction ID: AD00000007860	Created On: 12/13/2018	Member Name: 1019_MLX, 1019_MFN	Provider ID: PMP000000003906
Abstractor: Yaski2_Sumana2	Category:		Member ID: 1019	Provider: ZEFER, JOSEPH
Abstraction Status: Not Needed	Abstraction Status Detail: Closed		DOB: 03/10/1948	Address: 14550 MONO WY, Sonoma, CA 95370
Chart Status: Found	Date: 11/15/2019		Member's Age as of 12/31/2019: 71 Year(s)	Site ID: A482
Reason:			Gender: Female*	Type:
Sample Void:			Address: 123 Main St Scottsdale, AZ 85250	Phone: 2095327192
			Other ID:	Fax: 2094446950
			Member Classification: Product Line: Medicaid Product: MO	Systematic Sample Sample Type: sample Position: 376

Measure Guidance	
HbA1c Test Date Range:	01/01/2019 - 12/31/2019
Retinal/Dilated Eye Exam Date Range:	01/01/2019 - 12/31/2019
Negative Retinal/Dilated Eye Exam Date Range:	01/01/2018 - 12/31/2019
Nephropathy Date Range:	01/01/2019 - 12/31/2019
Blood Pressure Reading Date Range:	01/01/2019 - 12/31/2019

HbA1c Exclusion	HbA1c	Eye Exam	Nephropathy	Blood Pressure	Exclusion
Documentation in the medical record of supporting one of the required exclusion categories.					
Add Entry	Current Chart	All Charts			
Service Date	Exclusion Type	IVD Diagnosis	No Information Found		

Abstracting HEDIS measures involves identifying documentation within the medical record such as test results or a procedure which validates care provided to patients or health plan members. Abstraction is completed by licensed healthcare workers such as nurses, and certified coders. Nurses abstract more complex measures while certified coders abstract less complex measures. Documentation is entered into measure specific abstraction forms. Real time measure compliance is seen as data is entered into the abstraction forms.

Quality oversight of the medical record project is accomplished through inter-rater reliability (IRR). Our medical record management solution provides three levels of IRR to support oversight of the data entered by the abstractors. The IRR module provides additional flexibility to select fresh samples of reviews for IRR as well as to select specific data elements for review.





REPORTING AND DATA SUBMISSION

CARE GAP MANAGEMENT

Centauri provides clients with reports and analytics to proactively identify gaps in care to close prior to the next HEDIS season using the NCQA Rules for Allowable Adjustments. Gaps in care lists available within our report suite can be leveraged for care management or population health programs. By identifying and closing gaps in care, clients can positively impact these programs and improve the quality of care provided to members.

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

HEDIS REPORTING

Clients have full visibility into HEDIS reporting through our Insights® portal at the plan and product levels. Reports are accessible within the portal and are available on demand to support additional analysis by clients and Centauri. Data is updated and refreshed based on each client's needs.

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-specific reports:

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

Standard and custom HEDIS reports allow clients to:

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

HEDIS SUBMISSION

Our solution supports the generation and submission of the patient-level data information file (PLD file) to CMS and interactive data submission system (IDSS) XML file to NCQA for HEDIS Submission. Our team conducts validation of the IDSS and PLD files to ensure they are loaded error free. We work in partnership with clients and their auditor to test and update the IDSS and PLD files as necessary until final data submission.

