

# **HOSPITAL SOLUTIONS**



We are a 35-year leader in providing government program eligibility and enrollment solutions – with proven expertise in Medicaid, subsidized Qualified Health Plans (QHP), charity care and federal disability income programs.

Our referral management and revenue cycle analytics solutions utilize data, software and personal relationships to build strategies and deliver results to providers at a depth and breadth unparalleled in the industry.

#### **ELIGIBILITY & ENROLLMENT**

We reach out to patients on behalf of healthcare systems in an effort to assist them in obtaining healthcare benefits.

- Tailored Support: We tailor our approach to each client's workflow/financial counseling processes and strategic goals. You can trust our experienced specialists to be an onsite or offsite extension of your team.
- Patient Screening: Our associates work diligently to assist patients in applying for government medical
  assistance programs based on household income and composition criteria established by federal, state
  and local agencies.
- **Field Services & Community Outreach**: We maintain a staff of skilled individuals who are responsible for working with patients and their families in all types of community settings.
- **Technology:** Our proprietary cloud-based software solution effectively screens 100% of client self-pay patients for multiple-payer programs.

## **OUT-OF-STATE MEDICAID SERVICES**

With more than two decades of unparalleled expertise, we manage nearly \$1.5 billion in OOS claims annually for our clients.

- Eligibility Verification: Our clients can verify a patient's eligibility via our website 24 hours a day, 7 days a week. Our solution allows us to provide eligibility information, authorization requirements and timely filing at the point of service.
- Claims, Billing & Appeals: Clients can submit claims electronically in a variety of industry standard formats, direct to OOS or via their clearinghouse solution. Secure email and paper are also accepted claim sources as well.
- **Reporting:** We offer an extensive suite of reports, designed to provide accurate and up-to-date information about your accounts individually and collectively. Other reports are designed for you to monitor our performance. Access to many of these reports is available 24/7 on our secure client site.

## **REFERRAL MANAGEMENT & ANALYTICS**

We specialize in identifying, executing and capitalizing on key drivers that enhance patient experience and market share growth.

- Order Cycle Management: Centauri's concierge referral management platform personalizes and brands clients' referral processes, providing each referring group a single point of contact for care coordination and scheduling.
- **Strategy & Analytics:** We help our clients measure and identify opportunities to move market share, while our analytics turn your data into actionable strategies.
- Outreach Cycle Management: Equipped with industry-leading referral analytics and coached by our seasoned sales management team, our field personnel give your hospital service and clinical pathways the dedicated client-focus required to innovate and capture market share.
- Service Line Growth Assessment: Our team of experts develop a service line growth plan based on client needs and local competitive standards.

### REVENUE CYCLE ANALYTICS

We help hospitals and providers by identifying, quantifying, resolving and measuring key revenue cycle issues.

- Charge Accuracy: Predictive analytics allow hospitals to measure the accuracy of provider charges so they can identify and correct errors to ensure compliance and optimize net revenue.
- Pricing Analytics: Our pricing experts design custom business rules and translate them into mathematical algorithms to help providers develop and understand the impact of their pricing strategy.
- Price Transparency: Centauri's cloud-based solution enables hospitals to comply with new pricing transparency rules recently disclosed by the Centers for Medicare & Medicaid (CMS).
- Denials Intelligence: Our sophisticated denial management tool enables providers to generate reports on all claims and remit activity to accurately identify and work the missed denial payment opportunities that will have the most impact on revenue.

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