

CENTAURI CAPABILITIES



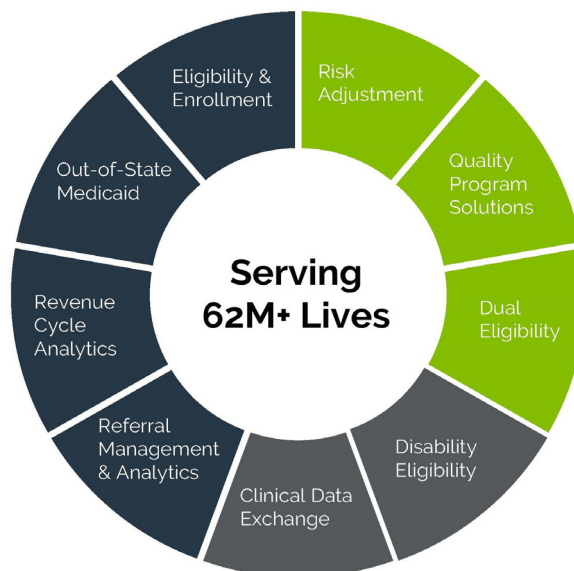
**We are charting a new path
in healthcare with power to
solve and passion to serve.**



Centauri Health Solutions provides services to payors and providers in government-sponsored healthcare programs, including Medicare Advantage and Medicaid.

Our Risk Adjustment, Quality Support , Clinical Data Exchange, Eligibility & Enrollment, Medicaid Redetermination, Revenue Cycle Analytics, Referral Management & Analytics, and Out-of-State Medicaid solutions lead to higher capitation rates for clients, a reduction in uncompensated care, and improved well-being for their patients and members through expanded access to care.

In partnership with our clients, we improve the lives and health outcomes of their members and patients through compassionate outreach, sophisticated analytics, and data-driven solutions.



OUR HISTORY

Centauri has become one of the fastest growing private companies in the United States.



OUR CERTIFICATIONS AND HONORS



Named to the Inc. 5000 list of fastest-growing private companies from 2019 - 2022.



Ranked #119 in North America on Deloitte's 2020 Technology Fast 500™



Honored as one of the fastest-growing, innovative, and impactful startup companies in Arizona



Earned HITRUST Certification

For our Best Benefits, Insights, PremiumAssist, Risk Adjustment, Referral Management & Analytics, Revenue Cycle Analytics, and Out-of-State Medicaid platforms



EY Entrepreneur Of The Year

ADAM MILLER, CEO
2019 Award Winner Mountain Desert Region



Greater Nashville Technology Council

MICHELLE MILLER, CTO
2019 CTO of the Year



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“They are very professional and work very well with all of our facilities. This has been an excellent and very rewarding relationship. We have seen an increase in reimbursement for claims which would have gone unpaid.”

- Director Revenue Cycle, Southeast-based Large Hospital System



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 their medical records. We collaborate with our clients to target member charts that will most benefit from retrospective review to improve risk score accuracy and close gaps in care. We specifically identify and target those risk adjustment gaps that will have the most positive impact on quality of care and enable plans to meet their retrieval, coding, reporting, and provider education goals.

MEDICAL RECORD RETRIEVAL

Based on a decade of operational experience, our web-based workflow tool was purpose-built to optimize medical record retrieval efforts. From provider outreach and scheduling, to image indexing and coding, our processes have built-in efficiencies to maximize retrieval rates and minimize provider abrasion.

CODING

Ensuring accuracy and compliance are Centauri's primary coding goals. Our platform allows our clients to easily track their campaign details through workflows, including viewing charts, coded data, and timing details about scheduled activities. Features and capabilities are available within our tool for both Centauri coders and clients' internal coding teams with our SaaS option.

Our standard coding approach is to code every date of service (DOS) and all diagnosis codes that map to HCCs (Medicare, Commercial, or Medicaid) based upon the ICD-10-CM Official Guidelines for Coding and Reporting (OCG), American Hospital Association (AHA) Coding Clinic guidance, and CMS guidance. We have the ability to capture all diagnosis codes, complete code capture, and will work with clients to ensure the most accurate and compliant coding approach.

SUBMISSIONS

As a trusted and experienced partner, we understand that the people, processes and technology of each health plan's data governance and revenue integrity program must uniquely combine to successfully solve their specific business problems of compliance and risk adjusted payment accuracy for commercial and government programs.

Our solution can assist in the development of actionable strategies which support the submission of complete and accurate encounter and other required data for commercial and government programs. Our solution also supports the implementation of industry best practices for data submission, which are critical to the operational and financial success for mature risk adjustment programs and their associated analytics. Our solution addresses these key operational areas:

- Automation to minimize points of failure, revenue leakage, and compliance risks
- Validation to ensure maximized data acceptance and completeness
- Reconciliation to provide full visibility into the life and audit trail of the submission down to the individual record level
- Prioritization to enable the best return on investment for the most actionable data management strategies
- Presentation to provide an intuitive, dashboard-style window into operational and financial metrics that matter most



HEALTH PLAN ELIGIBILITY & ENROLLMENT

DISABILITY ELIGIBILITY (BEST BENEFITS) & DUAL ELIGIBILITY ENROLLMENT (PREMIUMASSIST)

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

We are the nation's leader in Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) eligibility and enrollment for Medicaid Managed Care Plans. Each year, we generate \$2.3 billion in value 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.

SSI/SSDI ELIGIBILITY & ENROLLMENT

Best Benefits—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—Medicare Advantage Plans & Duals

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 95% 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 improves timeliness of annual recertifications. Leveraging Centauri's ongoing member engagement, clients have reported reductions in member dual eligibility fall offs of 50% or more.



“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



HOSPITAL ELIGIBILITY & ENROLLMENT

MEDICAID ELIGIBILITY/ENROLLMENT

We are a national leader in government program Eligibility and Enrollment Solutions (EES) with more than 30 years of proven expertise in Medicaid, subsidized Qualified Health Plans, charity care, and federal disability income programs.

By customizing our solutions to provide the exact level of support needed, we have been able to secure more than \$1.7 billion in financially cleared Medicaid charges for our clients. We provide hospital teams with the technology to ensure success. Our specialists understand complex rules and regulatory dynamics and can become an on-site or off-site extension of their teams.

Additionally, Centauri offers a Virtual EES option. This allows our team to engage with patients in real-time through the use of electronic devices, either at the facility or from home, minimizing physical contact.

OUR 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

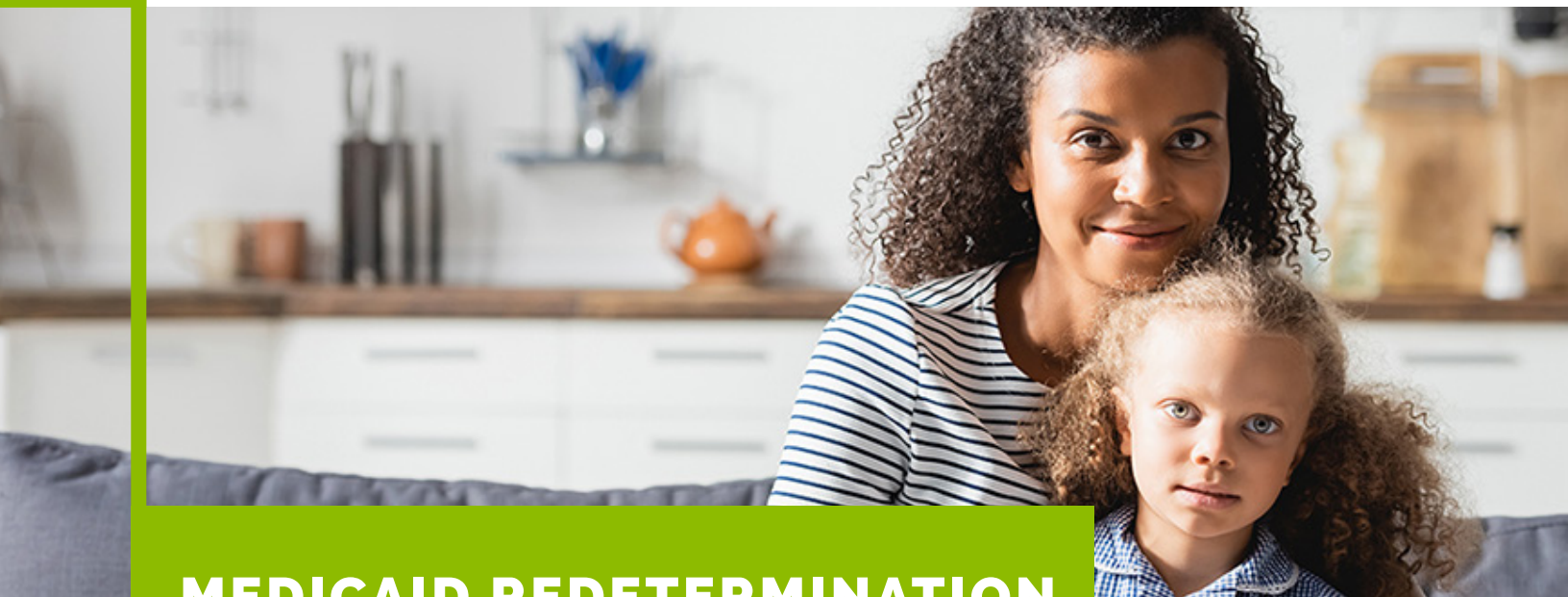
We partner with healthcare organizations to understand their unique government program eligibility and enrollment needs. Based on our experience, we design custom reimbursement solutions to maximize cash flow for hospital systems.

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%



MEDICAID REDETERMINATION

With more than 35 years of experience in Medicaid eligibility and enrollment and strong agency relationships, we have the infrastructure in place to help our clients take on the daunting task of redetermining their membership. Our solution includes a state-by-state rules engine, recorded call for consent confirmation, electronic consents, online submission (in the majority of states), and both summary and detailed member level reporting that gives health plans the tools they need to mitigate Medicaid loss due to the end of continuous enrollment.

Our solution comprises:

- 1) Outreach** - Our compassionate associates outreach to the targeted lists of members falling off Medicaid. We can also utilize text messaging campaigns to reach those we are unable to reach with a live agent.

- 2) Assessment** - We will assess/verify the individual's assets and incomes via our live eligibility process to determine which programs the member may be eligible for using our workflow platform that includes state specific income and asset criteria.

- 3) Application/Submission** - As part of our service, Centauri will initiate the application for a member after obtaining an authorization from the member. The application is submitted to the local county agency. Then, we educate members regarding follow up tasks/next steps to ensure the best possible outcome.



Today, we manage nearly **\$1.8 billion** in Out-of-State Medicaid claims annually.

OUT-OF-STATE BILLING

You know the ins and outs of maximizing revenue in your state, but what about the other 49?

We offer a full-service Out-of-State Medicaid (OOS) management program. Since 1996, we've been the premier provider of OOS, helping our clients identify revenue in accounts that would otherwise be written off.

OOS Medicaid represents a very small portion of your overall accounts receivable, but with complex requirements that vary across all 600 Medicaid payors, it can take significant administrative resources on your end to pursue. We specialize in handling all aspects of the OOS Medicaid account process, saving you both time and money.

We work with hospitals across the United States to:

- Verify eligibility, authorization requirements and timely filing periods—365 days out of the year.
- Submit claims to Medicaid/Managed Medicaid payors while following each payor guidelines.
- Follow up on billed accounts with Medicaid/Managed Medicaid payors in a timely manner.
- Request retro authorization from Medicaid payors if available.
- Complete reconsideration letters and/or appeals per Medicaid guidelines.
- Work accounts from start to finish to ensure proper billing and payment for all accounts.
- Complete complex enrollment applications and maintaining enrollments such as annual license updates and revalidations.
- Register and maintain web portal access for all Medicaid payors.



REVENUE CYCLE ANALYTICS

Centauri's Revenue Cycle Analytics solutions deliver results through Artificial Intelligence (AI), services and technology that allow hospitals and physicians to optimize revenue cycle performance. Using our cloud-based Charge Accuracy, Pricing Analytics, Pricing Transparency and Denials Intelligence solutions, providers are able to identify, quantify, resolve and measure key revenue cycle issues. All of our Revenue Cycle Analytics solutions employ ongoing measurement of revenue cycle improvement and can be tailored to meet customer requirements.

CHARGE ACCURACY

Centauri's cloud-based Charge Accuracy solution provides a comprehensive way to improve revenue cycle accuracy and integrity. It learns from your hospital's post-bill data to predict missing procedures, charges and inaccurate coding. Charge accuracy uses payer-specific rules to identify which error corrections will lead to additional net revenue.

PRICING ANALYTICS

Our Pricing Analytics solution allows providers to develop and understand the impact of their pricing strategy with the most accurate analytics. It is the only solution on the market that offers ongoing monitoring by comparing projections to actual data, so hospitals can adjust their strategy when necessary.

Net Revenue

Hospitals need to understand the impact of raising and lower their prices. Different scenarios can be compared for impact of net and gross at the payer, department and service line levels.

Relational Pricing

We have developed a relational pricing solution that keeps rational "spacing" between prices while solving for net and gross revenue.

Market Position

We can also include market-based rules. Using market data, hospitals can see their position in the market and determine the impact of different strategies.

PRICE TRANSPARENCY

The Centers for Medicare & Medicaid (CMS) has enacted pricing rules that include requirements for hospitals to offer more transparent prices to patients for the items and services they provide. While implementing these complex rules can be time-consuming, our turnkey Price Transparency solution enables hospitals to lay the groundwork needed to comply with the mandate. Our Price Transparency solution addresses the two major components of the CMS requirement: 1) publishing the Charge Description Master prices with the associated payor-specific negotiated rates, and 2) publishing the detail for the 300 shoppable services.

DENIALS INTELLIGENCE

Our Denials Intelligence solution creates the most complete information set on payer denials so that the denials that matter most can be worked first. It matches up 837s and 835s to build a Claim Group for each denial, allowing a view of all of the claims and remits associated with the denial and eliminating duplicates.



REFERRAL MANAGEMENT & ANALYTICS

Centauri's referral management and analytics team specializes in identifying, executing and capitalizing on key drivers that lead to enhanced patient experience and market share growth.

We become an operating partner with our health system clients to assess and identify growth opportunities in referral-driven service lines, establish lasting relationships with the referral community, and improve care coordination for their patients.

OUTREACH CYCLE MANAGEMENT

Equipped with industry-leading referral analytics and coached by our seasoned sales management team, our field personnel give your hospital services and clinical pathways the dedicated client-focus required to innovate and capture market share. Services include:

- Dedicated outreach representatives
- Real-time market intelligence, surveying and provider feedback
- Referral analytics-driven call routing
- Sales management and coaching

Our concierge referral management platform personalizes and brands clients' referral processes, providing each referring group a single point of contact for care coordination and scheduling. We utilize existing health system scheduling software for easy implementation along with Centauri's Patient Tracker+ tool to track order status and alert referring physician offices of unconverted orders, pre-auth issues, and no-shows. Services include:

- Scheduling
- Pre-authorization
- Pre-registration
- Care coordination
- Post-procedure follow-up
- Provider communication
- Service level analytics

STRATEGY & ANALYTICS

Centauri helps our clients measure and identify opportunities to move market share, while our analytics turn your data into actionable strategies. Services include:

- Referral tracking
- Leakage and opportunity analysis
- Market research and industry benchmarking
- Competitive pricing and payor mix analysis
- Dashboarding and service line reporting
- Scheduling and service metric dashboarding
- Competitive pricing and payor mix analysis
- Capital and budget planning
- Order turnaround and conversion metrics

SERVICE LINE GROWTH ASSESSMENT

Our team of experts develop a service line growth plan based on client needs and local competitive standards. Services include:

- Operational workflow analysis
- Patient access workflow and service level assessment
- Competitive pricing review
- Market and industry research
- Utilization and staffing analysis
- Customer service benchmarking

