



Who is Centauri?

Centauri Health Solutions is a quality, risk adjustment, enrollment eligibility and billing solutions healthcare services company.

As a leading provider of technology-enabled analytics and services, Centauri helps health plans and providers to manage their variable revenue linked to population health, quality and eligibility factors for more than 25 million lives.

Our workflow platform integrates cross-functional support across all risk adjustment and quality efforts.

We possess specialized expertise in sophisticated hosted software solutions, data driven services and data management capabilities specifically for quality-based revenue and risk adjustment programs. These efforts result directly in better-informed health care delivery, richer benefits and reduced out-of-pocket healthcare costs.

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

Contact us to experience a Product Demo:
888.447.8908 ★ info@centaurihs.com ★ centaurihs.com



SOLUTIONS

QUALITY

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Certified HEDIS® Submissions, HEDIS Audit Support

Provides a retrospective view of 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.

RISK

RISK ADJUSTMENT

Retrospective and Prospective programs, HHS HCC, CMS HCC, and CDPS/Other Models

Offered as a stand-alone Software as a Service (SaaS) product providing full transparency of all risk adjustment and care gap management activities, the Centauri platform gives you the option to manage your risk adjustment and quality programs internally.

ELIGIBILITY

ELIGIBILITY AND ENROLLMENT

Eligibility, Enrollment, Hospital Coding, Billing and Denials

Eligibility and Enrollment services for health plans and hospitals, to support Medicare, Medicaid and Dual-Eligible populations, including out of state Medicaid claims, coupled with coding and account collection expertise to navigate the current rules and regulations of government insurance plans.