



Unlocking Your AR Potential with Advantum Health Credentialing

Your First Step to a Successful Practice

Establishing enrollment and maintaining your credentials with government and commercial payers can make a difference in a successful or struggling practice. While gathering all relevant paperwork and documentation can be time consuming, it is the first step — and most critical step — to a successful business. Failing to enroll with your payers and submitting paperwork in a timely fashion can result in denied claims, delayed cash flow and loss of income.

For just one doctor at a practice this could mean a delay in income of \$5,000 up to as much as \$100,000 over a one month time period. To many practices this delay or loss of income could be devastating. Studies have shown up to 85% of enrollments and applications are incomplete when originally submitted and require follow-up with the provider. It's important to capture and send all relevant documents with your initial submission. Even when following all protocols, the credentialing process often takes 120-150 days.

Start Early, Stay Current

With markets becoming more competitive, providers are finding it necessary to accept more forms of insurance to broaden their patient population. This means you will have more payers to maintain your enrollments and credentials. Staying on top of your contracts, re-enrollment periods and various state insurance requirements will help you avoid delays in reimbursement and the potential for frustrated patients.

Establishing policies and starting the process early can have lasting affects for your practice.

Up to 85% of enrollments and applications are incomplete when first submitted.



Advantum Health Establishes Best Practices in Credentialing

Advantum Health's Credentialing Services

- ▶ Collects and reviews all necessary documentation to ensure items are complete and accurate prior to submitting to the payer
- ▶ Relieves staff and providers of the time-consuming tasks of enrolling and re-credentialing with both government and commercial payers
- ▶ Ensures all providers are credentialed in a timely fashion to avoid delays in payment or loss of reimbursement
- ▶ Maintains relationships with thousands of payers across all 50 states and manages all communication and follow-up through approval of applications
- ▶ Works closely with Advantum's billing team to monitor any denials and communicates with payers for prompt resolution

Advantum Health Reduces A/R Days and Maximizes Reimbursements

Advantum Health's credentialing staff has experience with thousands of payers across the country. Their familiarity with the various state and government regulations helps our clients receive approvals more quickly and with few errors.

During implementation, Advantum's team immediately works to gather all necessary documents and reviews each to make sure they are submitted right the first time. In addition the team offers feedback on best practices for credentialing and payer contracts so that each client receives the reimbursement they deserve.

Advantum's credentialing team does not stop once approvals are received. Since credentialing is key to the revenue cycle process each team member continues to follow-up with the practice and reviews claim status for proper adjudication and reimbursement.

For more information:
866.814.5652
info@advantumhealth.com

About Advantum Health

Advantum Health helps healthcare providers and hospitals maximize revenues and practice medicine without administrative burden. Advantum offers full-service revenue cycle solutions – including billing, credentialing, prior-authorization, consulting services, and intuitive analytics dashboards – through one trusted vendor.

