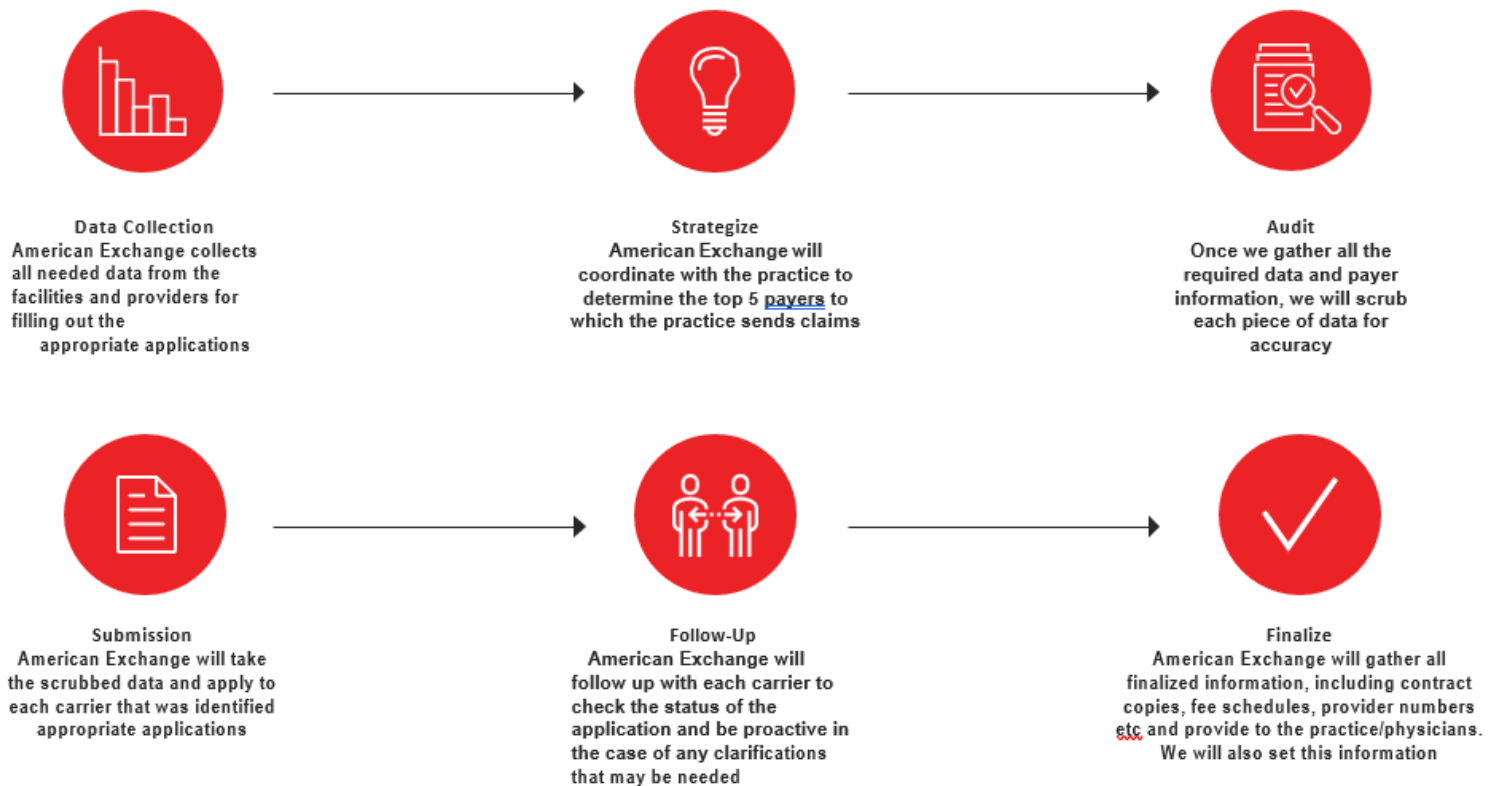


## HEALTHCARE CREDENTIALING SERVICES

The first step in the revenue management cycle is the credentialing process. This is also known as insurance enrollment. This is red-tape laden process that includes verification and validation of a provider, determines what services they can be reimbursed for and how much they can be reimbursed for that service. With public carriers such as Medicare, the fee schedule is pre-set, so there is no need for the reimbursement negotiation with Medicare.

Through our shared experiences with our partners, payer, and providers we have developed the above six step process to efficiently and methodically complete the credentialing process correctly the first time. When renewal time comes around, we submit all required documentation as early as a payer will allow to ensure there is not an interruption in contract status.



American Exchange provides an end to end credentialing service for our clients We employ credentialing specialists with both Provider and Payer experience, We are able to fully credential a payer from start to finish with Medicare, Medicaid and any commercial payers the practice desires. We are trained in the PECOS system for Medicare credentialing and can setup and manage CAQH profiles, which the top payers in the US utilize. We also manage re-attestation documents required by CAQH and will quickly communicate any issues requirements back to the practice staff. We can also assist Providers with the NPPES NPI Registration system as well as assist in transferring and changing these numbers with your payer.

