

# HELPING PATIENTS AVOID COLLECTIONS-ADVOCHEK

## Issue:

400+ bed Hospital in Michigan was using a National Medicaid Eligibility vendor and multiple scrubbing companies at the beginning of their patient revenue cycle process. Bad debt and charity write-offs were skyrocketing by the millions each year and patients were becoming disgruntled being sent to collections-publicly taking to social media to express their displeasure. The hospital was also tasked with reducing costs amidst an image problem.

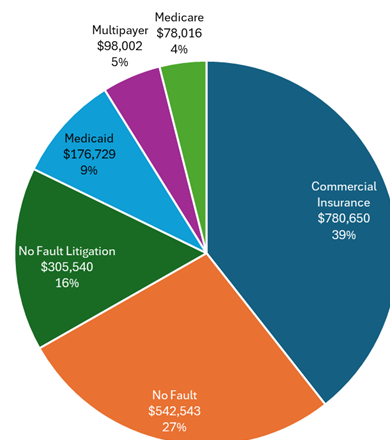
## Resolution:

Advomas provided a simple file spec for a weekly file review parsed into 2 Phases, returning initial results within hours so ineligible cases continued on regular recovery path and active Medicaid cases were billed. In 1 year, through combining its tenured staff in **identifying** and **securing** Medicaid & third party liability coverage, Advomas in Phase I reviewed 100,000+ bad debt/charity cases returning ≈10,000 Medicaid cases with active coverage back **for free**; saving the hospital thousands in other scrubbing vendor fees. In **Phase II**, Advomas team pursued helping patients they identified to secure healthcare coverage culminating in a payment of **\$2 MILLION dollars and 387 patients avoided collections in one year**. More importantly, Hospital improved patient experience by providing a free eligibility PERSON to spend time investigating options to eliminate the patients' financial liability.

Hospital referrals provided upon request, please contact Stacy Gilbert at [sgilbert@advomas.com](mailto:sgilbert@advomas.com)

Results	12 Months
Total Cases Placed	771
Total Cases Paid	387
Total Hospital Charges	\$7.8M
Total Payment to Hospitals	\$2M
Overall % of Total Charges Paid	26%
Avg. Cycle Time	165 Days
Success Rate	50%

Total Payment to Hospital by Payer



Is your hospital **doing the most to help your patients?**

This file does not delay revenue cycle throughput and is what is right for the patient.