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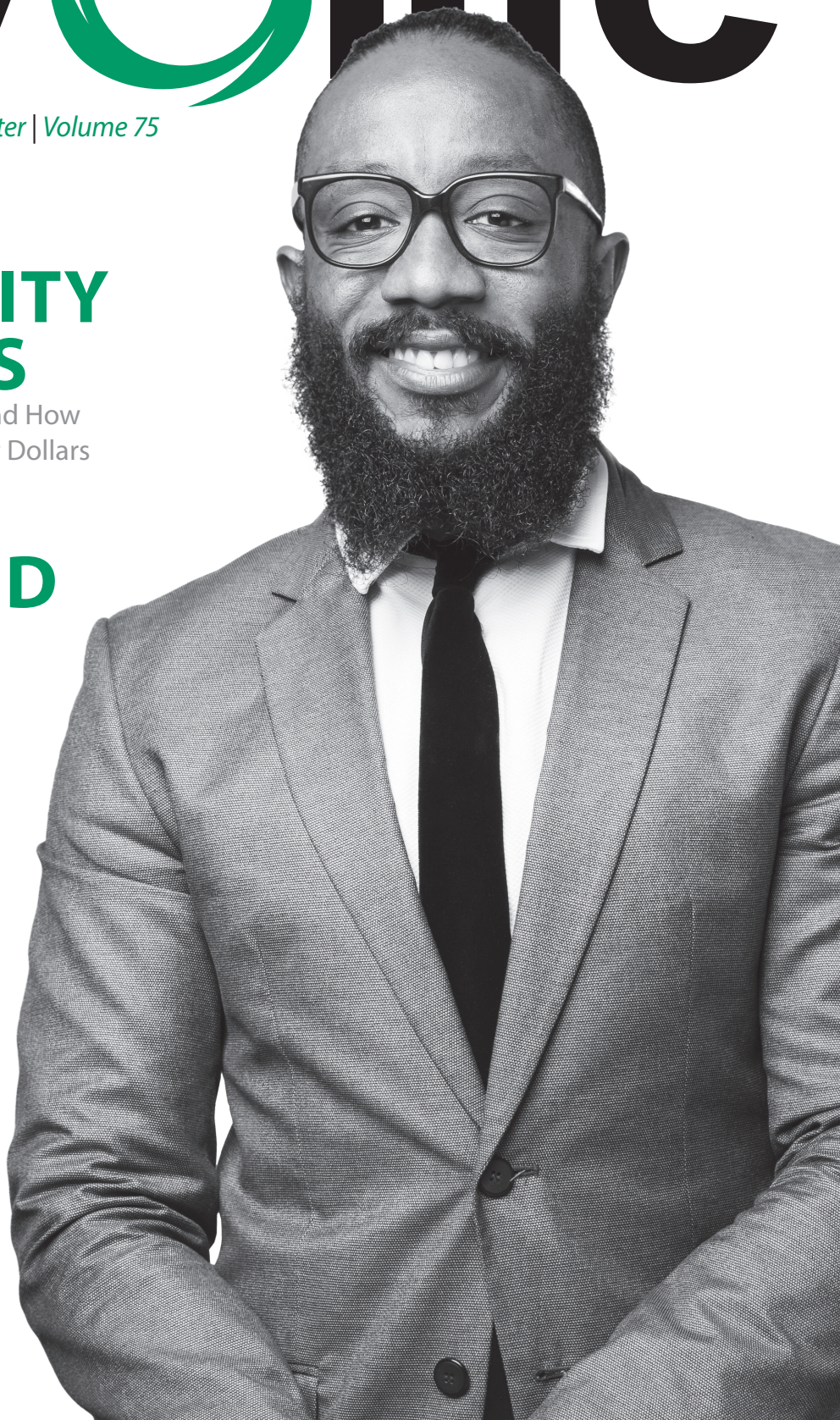
Advomas Quarterly Newsletter | 4th Quarter | Volume 75



2018 ELIGIBILITY IMPLICATIONS

Proposed Changes, Implementations and How to Make Sure You Are Capturing All Your Dollars

THE PINK FUND

Non-Medical Financial Toxicity as It Impacts Treatment

ELIGIBILITY ADVOCATES *-OUR DIFFERENCE*

An Interview with Advomas President

"Developing enduring, trusting relationships is crucial to achieving the goals of our mission."

advomas®
Healthcare Eligibility Advocates

Our People Make the Difference

2018 brings the same unique opportunities and challenges that 2017 and years prior brought. With a great deal of uncertainty of 2018 state and federal changes, Advomas finds itself fortunate to be bound by a mission that guides us towards positive and tangible results, even in the most uncertain times.

Our mantra, mission over money, means that we focus first on how to help people and later on how to be compensated. It means we do absolutely everything we can to help our clients reduce their uncompensated care, no matter what. We have entered into markets that no competitor would venture because they couldn't see fast and full financial returns. We have focused all energy and passion on making sure we find the highest payer source, regardless of setting and challenge of patient case. We can take this approach because of the passion and selflessness of our Advomas specialists.

This quarter's newsletter highlights potential regulation shifts, new policies, and offers perspectives and tips from our Advomas specialists for maximizing revenue cycle returns. We are thankful to work and share information from contributing authors, Molly McDonald at the Pink Fund, and insurance expert Jennifer Young from J.S. Clark. A huge thank you to our onsite MARA workers that provide us with continual learning and information sessions through their love of helping people.

My family and our Advomas family dedicate this newsletter to my grandfather, Robert Bruce Knight, J.D., who joined my grandmother Betty in heaven on November 7, 2017 at 101 years old. He taught our family through his actions the value of integrity, compassion and community service. His legacy lives on through the values at Advomas.

We are grateful for our clients and for the patients we seek to help, and look forward to new experiences in 2018. Thank you for your continued support,

Jennifer K. Rakolta
President

2018 CHANGES TO IMPACT PROVIDERS

Provider enrollment requirements – CHAMPS! CHAMPS! CHAMPS!

2.23.18 – MDHHS extends time frame for Medicaid Managed Care providers to enroll in CHAMPS. No new specific deadline date has been given as of 3.6.2018. Previously, Medicaid Managed Care providers that did not enroll in CHAMPS would begin experiencing claim denials by April 1, 2018.

Have you enrolled yet? Medicaid Providers with questions should contact MDHHS Provider Enrollment Center at **800.292.2550** or go to the Provider Enrollment page at **michigan.gov**.

1. **MSA 17-46 – Issued 12.1.2017 – Modernizing Continuum of Care (MCC) Project**

   As of 12.15.17, the 2565 Hospital admission form is now obsolete for hospital admission. The form was repurposed to the "Hospital Newborn notice." Hospital admission should only be entered into CHAMPS for Inpatient stays for:

   - Medicaid eligible beneficiaries if their stay is expected to be 30 days or greater, or
   - Medicaid deductible beneficiaries AKA spend-down, or
   - Private pay admission.

   Medicaid providers with additional questions should contact MDHHS Provider Support at **ProviderSupport@michigan.gov** or **1.800.292.2550**.

2. **MDHHS Universal Caseloads (Update as of February 2018)**

   Starting in June 2017, Field Operations Administrations began sharing information about plans to implement a new task-based approach to processing case tasks called Universal Caseload (UCL). The new Universal Caseload task-based model will improve workload balance and collaboration.

   - **Pilot Launch of UCL** — February 20, 2018: UCL launched in Shiawassee and Gratiot offices.
   - **Subsequent Waves** — May 2018 - April 2019: The entire state is moving to a process of Universal Caseload on a rolling basis starting in February 2018 through mid-year 2019.

   How will Community Partners contact a UCL office to inquire about a customer/case?

   A Community Partner can call the Shiawassee/Gratiot office by dialing **1.844.4MI.DHHS**. The partner will be asked to identify themselves as a partner by selecting selects option #4 for "Provider."

3. **MSA 17-38 – Issued 12.1.2017 – Asset Verification Program Updates (AVP)**

   With the December Bridges release, MDHHS implemented asset verification vendor Acquity to provide electronic asset checks. Bridges will send required fields to Acquity, with results returned in a PDF. If results are found, the name of the financial institution, account balance, date, account type, and balance will be provided. If an MDHHS specialist needs more than that information, the full results will be available on the asset detection search inquiry in Bridges.

   This new feature is primarily for the detection of unreported assets and is required by CMS. It does not replace any MDHHS procedures currently in place – it is an additional step.

Reminder!

This verification should not replace monitoring asset processes for patients over assets because the report in its current state is only showing the patient's BALANCE as of the 1st of the month. Further account verification can be allowed by MDHHS to prove a patient's balance was below the asset level at least one day in the month the Medicaid coverage is needed.

Don't Forget!

No more MSA-2565 – The elimination of the MSA-2565 for all cases **other than newborns**.

Marco Benitez, Advomas VP of Operations, is happy to answer provider questions regarding Medicaid Policy changes for 2018.

Contact Marco at **248.989.4200 ext. 263** or **mbenitez@advomas.com**.

The IRS Begins Affordable Care Act 2015 Employer Penalty Enforcement

Article contributed by J.S. Clark

The Affordable Care Act (ACA) requires Applicable Large Employers (ALEs) who do not provide minimum value, affordable coverage to full-time employees (and employees' dependent children) pay a tax penalty known as the Employer Shared Responsibility Payment (ESRP). ALEs that offered coverage to 70% of their full-time employees and their dependent children through the end of the month they turned 26 for 2015 are not subject to penalties. The penalties took effect January 2015, but enforcement was delayed until 2018.

Although this generally applies to employers with 50 or more employees, some small employers could receive the notice if the IRS suspects 1094-C and 1095-C forms should have been filed.

What you need to know:

The Internal Revenue Service (IRS) has recently updated its Questions and Answers on Employer Shared Responsibility to detail the enforcement steps for ESRP. The IRS has just recently begun releasing Form Letter 226J to ALEs that the IRS believes may owe a penalty for 2015. The IRS is relying on information from Forms 1095-C and 1094-C filed by ALEs for calendar year 2015, as well as individual tax returns.

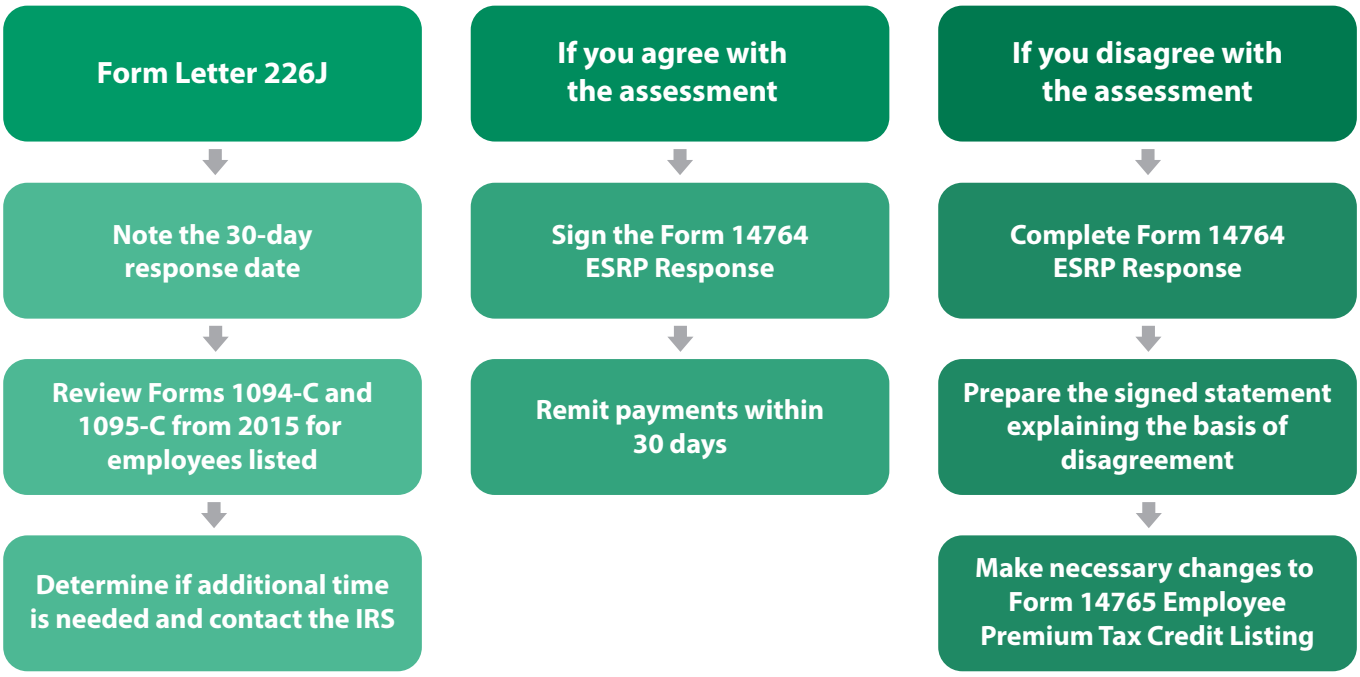
It is important that employers watch for this letter and review it immediately upon receipt. A response is required within 30 days of receipt whether the employer agrees with or disputes the assessment. If a timely response is not received, the IRS will send a Notice and Demand for payment.

The IRS plans to issue a Form Letter 226J to all Applicable Large Employers (ALEs) that have been targeted as owing an ESRP for the 2015 calendar year. The package that accompanies Form Letter 226J will include the following items:

- **An explanation of the employer shared responsibility provisions in Internal Revenue Code (IRC) Section 4980H, which are the basis for the ESRP;**
- **An ESRP Summary Table itemizing your proposed ESRP by month;**
- **An Explanation of the ESRP Summary Table;**
- **Form 14764, ESRP Response; and**
- **Form 14765, Employee Premium Tax Credit (PTC) Listing (Employee PTC Listing).**

It is important to note Letter 226J is neither a formal notice nor demand of payment. Employers should review all documents carefully to ensure the IRS has accurately captured the information the employer reported on its Forms 1094-C and 1095-C for 2015. This is a good time to take a look at the 2016 forms, as well to ensure the mistake was not duplicated.

What you need to do:



Form 14765 will be partially completed by the IRS. This is the form an employer will use to dispute the proposed ESRP liability and make corrections for full-time employees. The form provides a reminder that an employer need only be concerned with the months of an assessable full-time employee which are not highlighted. When an employee listed has certain months highlighted, those are months for which the employee is not triggering a section 4980H penalty.

The IRS will provide a list of each employee who was an assessable full-time employee for at least one month of the tax year in question. An assessable full-time employee satisfies these conditions:

1. **The ALE filed a Form 1095-C on behalf of the full-time employee;**
2. **The employee received a premium tax credit for one or more months for the tax year in question; and**
3. **The ALE did not report on the Form 1095-C an affordability safe harbor or another relief provision from the employer mandate penalties for one or more of the months the employee received a premium tax credit.**

The IRS completes the first row of columns using the line 14 and 16 code combinations the employer entered for the assessable full-time employee from Form 1095-C.

If the code combination in the first row is not accurate for the employee's situation, the employer will insert the corrected code combination in the second row for the each month.

The Form 14764 provides the employer with the response date and a phone number to contact if additional time is needed for a response.

Employers will complete the contact information, name, telephone number and the address of the person the employer would like the IRS to contact regarding the response.

Then the employer will indicate whether it agrees or disagrees with the Letter 226J proposed penalty amount. If an employer agrees with the proposed penalty amount, an individual will print his/her name and position, and sign and date the Form 14764. Before signing and consenting to any penalty payment, it would be prudent to contact an attorney. If the employer does not agree in whole or in part with the Letter 226J proposed penalty amount, it should check the corresponding box.

Finally, the Form 14764 includes a second page for the employer to authorize an additional person for the IRS to contact regarding the Letter 226J.

Employers who did not complete the Form 1094-C and 1095-C accurately or opted to pay the employer mandate penalty should be receiving the Letter 226J packet. Any employer who is penalized will need to promptly respond to the IRS and most would benefit from contacting an attorney who is an expert with the Forms 1094-C and 1095-C.

Jennifer Young
Corporate Compliance Director / Senior Account Manager

Jennifer Young *is the Corporate Compliance Director for the J.S. Clark Agency. Located in Southfield, Michigan, the J.S. Clark Agency provides benefits strategy, management and administration to more than 300 corporate clients, of which Advomas is pleased to be one. Please feel free to contact Jennifer at* ***jennifer@jsclarkagency.com*** *to discuss your organization's benefits compliance needs, or view the agency's full range of services at* ***jsclarkagency.com****.*

Advomas HR Tip

Employee Experience & Retention

Over the years, "employee experience" has been talked about; however, HR professionals are anticipating that they will need to put their focus on this area in 2018. HR leaders are expecting to be tasked with the designing, building and maintaining of the employees' experience across their organization, division, and teams so that it encourages and produces the very best in each of their employees.

One of the three factors in the entire employee experience is the physical workspace. Creating an environment that allows employees to be creative and relaxed is vital to making your employees feel at the center of the company. Artwork, wall colors, break rooms, and the design of cubicles may seem small, but because they are things that can be "seen," they have become huge factors in overall employee satisfaction and engagement, and help to improve the employee experience.

If your organization has already taken notice of these small nuances, then improving the employee experience will be easy and all you have to do is to be thoughtful, deliberate and, most importantly, listen!

Penni Roberts
VP Human Resource

Advocating for Financial Transparency

Every day, Michigan families in need of medical treatment for cancer face financial challenges that can loom larger than the current state of their health. Between the cost of monthly premiums, deductibles, and copays, patients face acute challenges in paying for care. Even those with good health insurance and higher incomes struggle. According to Dr. Yousuf Zafar in a July 2014 article in Medscape, "even wealthy people can undergo financial distress because cancer care costs and periods of unemployment can wreak havoc."

This is a side effect known as cancer-related *financial toxicity*.

Defined in 2013 by Amy Abernathy, MD, financial toxicity "is a term used to describe problems a patient has related to the cost of medical care. Financial Toxicity also affects a patient's quality of life and access to medical care."

Financial toxicity leads to overall poorer well-being, impaired quality of life, sub-par quality of care, bankruptcy, and in some cases, earlier mortality.

Last fall, PAN Foundation (panfoundation.org) conducted a survey to learn more about the financial assistance patients need to access their medications. More than one third of the respondents were unable to pay for medications without assistance from friends, family, or patient assistance programs.

"Of surveyed patients who needed assistance but did not seek it:

- **32% filled some prescriptions but made them last longer by skipping doses**
- **30% cut back on household expenses to pay for medications**
- **28% used their savings to pay for out-of-pocket medication expenses**
- **25% did not pay other bills in order to pay for their medications**
- **24% did not fill their prescriptions"**

PAN Foundation, Needy Meds, and other nonprofits offer critical yet limited assistance to ensure access to life-saving drugs, but the reality is many who need that support do not qualify according to established guidelines, which are often restricted to those who fall within low household incomes according to federal poverty guidelines.

"Of patients surveyed *who were unsuccessful in getting financial assistance*, the majority reported they did not start their treatment, skipped doses or took smaller doses to make the prescription last longer."

While much of the data around financial toxicity focuses on the cost of medical care, we need to take into consideration the cost of lost wages when patients must take time off from work without pay for treatment.

When patients are unable to work due to treatment side effects, they face the potential for catastrophic financial losses, which can include utility shut-offs, home foreclosure, eviction, the repossession of a vehicle, and the loss of health insurance or disability benefits.

This scenario is personal to me, because I experienced it for myself when diagnosed with early stage breast cancer in the spring of 2005. Without my income and with the addition of a costly COBRA premium to ensure my access to care, our family went into financial freefall.

When I met with my hospital social worker to try and get some financial relief, I learned there was nothing available. Medicaid and other assistance programs were predicated on my previous year's income which far exceeded the 250% above the federal poverty level for a family of our size. I was stunned that a relatively short-term health care crisis could land us in a homeless shelter!

While in treatment I met other working women like myself, whose families depended upon their income for very basic cost-of-living expenses. Some were on FMLA leaves, others had been fired or had to quit because they had no protection under the law.

It was then that my quest to get help became one to give help, and I started a fund that would provide up to 90 days of non-medical financial assistance to breast cancer patients in active treatment by making payments to their creditors for housing, transportation, utilities, and insurance.

It's going on twelve years since I experienced this problem, and it's in just the last few years that it is finally becoming part of the health care conversation.

While some health care systems have financial navigators on staff, there must be systems in place at the time of diagnosis to have an open discussion with patients on the cost of the care, including average duration of treatment, potential for lost income due to various factors, the patient's understanding of their insurance benefits, and personal finances.

Until both patient and physician come together in an open dialogue, financial toxicity will continue to impact quality of life, treatment outcomes, and long term financial and physical survival.

About the Author:

Molly MacDonald *is a 12-year breast cancer survivor, and the founder and CEO of The Pink Fund. To learn more about The Pink Fund and a nationwide study The Pink Fund conducted in September 2017 on how the costs associated with treatment are affecting patients' personal finances, careers, and overall well-being, visit* ***thepinkfund.org*** *and click* ***About****.*

The mission of The Pink Fund is to provide short-term financial aid to breast cancer patients in active treatment.

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Check In on Presumptive Eligibility & Hospital Partnership

with Darnell Thompson

In 2016, Advomas began assisting hospitals and health systems with applying patients for Presumptive Eligibility, a state-supported program to *temporarily* provide Medicaid coverage for hospital services for patients that attest they are below the Medicaid income threshold at the time of application. To date, 3rd party companies like Advomas do not meet the guidelines to apply directly for the patient. Our clients found this challenging, as they were already strapped for financial counselor resources. They relied on Advomas to come up with a solution so they could participate in PE without increased financial burden.

Darnell Thompson, Advomas Director of Medicaid Services, spearheaded several provider partnerships to help streamline the PE process, making sure our clients were safeguarded and that patients received the benefits they needed.

1. What was the implementation process like with clients to get PE kicked off?

As it would be with any new program, we took it slow and, as expected, there were some bumps early as we quickly found holes in our plan. The great thing is that we and the facility were flexible and ready to evolve the process on the fly. That made things easier for everyone.

2. What has been the most challenging part of applying patients for Presumptive Eligibility?

The small windows of time we have. We are doing this in an ER setting, so the patients may not be available for long. We are also trying to work around the most important part of the visit, the patient care. So we have to be able to be flexible, as doctors and nurses may need the room at any minute.

3. How do you believe PE has helped hospitals?

I think it rewards the hospitals for helping the uninsured population by giving them payment where they wouldn't have gotten it before. In addition, there is much less bad debt to write off. It takes care of the hospital for taking care of underserved people.

4. What should hospitals be cautious of when applying patients for PE?

Making sure to get correct information. PE is wonderful, as we can get our patients covered with basic information, but a full application is required for the program, and the success rate of those applications is accounted for in order to allow the hospital to keep using the program. That's where a company like ours is useful. After the PE app is processed, we make sure to work with the patient to get them ongoing coverage, which is most beneficial to all parties.

For more questions on applying your patients for presumptive eligibility please contact **Darnell Thompson** at **248.989.4200 ext. 313** or email Darnell at **dthompson@advomas.com**.

Capturing Complex Payer Claims: How We Do It!

Capturing complex payer claims like no-fault isn't always cut and dry. It takes relentless pursuit and passion for helping patients. Donna Resseguie, Director of Commercial Insurance at Advomas, shares a real snapshot of what it took to resolve a million dollar case…

When Advomas received this referral, the patient was in serious condition after being hit and run over by a car while walking down a dirt road. One of the biggest hurdles Advomas reps face is patients who are too seriously injured or too ill to communicate, making assessment of their eligibility for benefits very difficult.

After several attempts, the Advomas Specialist made contact with the patient's mother, who was able to provide information that allowed for a full assessment for benefits. She also provided some details of the accident and information about the patient's current circumstances that were quite involved and very complicated.

Advomas's no fault team submitted multiple requests to the Township police department to secure a crash report. Because the patient was a pedestrian and there was no auto insurance to file a claim against, a Michigan Assigned Claims Plan (MACP) application was completed, signed by the patient, and submitted immediately.

The MACP application process is lengthy and full cooperation by the patient is required. Due to the rapport the Advomas Specialist established with the patient and his mother, we were able to have the patient sign all required forms. The patient's injuries made it very difficult for him to sign documents but without that signature on the MACP application, we would not have been able to proceed, and the hospital would suffer from uncompensated services.

Additional investigation to prove residency and order of priority occurred after filing the application. Advomas provided continual follow up on the claim until the carrier agreed to afford coverage based on the information and documentation provided to them by Advomas.

Donna Ressigue
Director of Commercial Insurance

Navigating RSDI: What You Need to Know

Advomas onsite MARA worker Josephine Hundt provided updates at our December staff meeting on how MDHHS budgets RSDI income for Medicaid applicants. Below are a few highlights and reminders:

How to Determine Countable RSDI Income

Step 1: Determine if the individual is MAGI Eligible:

- Individual needs to be < 65 yrs old AND cannot have Medicare
  (if the individual is > 65 or has Medicare, they are not MAGI eligible; Disability Medicaid will be pursued)

Step 2: Determine Tax Filing Status:

- Single, Head of Household (not married)
- Married, Filing Jointly
- Married, Filing Separately (determine if they live apart)
- Any tax-filing status (does not file taxes)

Step 3: Determine Total Income:

- Calculate the total RSDI income for the year and multiply by 50%
- Calculate 100% of the remaining yearly income from pensions, wages, interest, etc.

Step 4: Determine Countable RSDI Income Budgeted:

- Take 50% of the yearly RSDI + 100% of the remaining yearly income = Yearly Income Comparison;
  this amount determines the % of RSDI that is countable

Tax Filing Status	Year Income Comparision	Result
Single, Head of Household, or Qualifying Widow	≥ $25,000	50% of RSDI is countable
	≤ $25,000	0% of RSDI is countable
Married Filing Separately & lived apart from spouse all year	≥ $25,000	50% of RSDI is countable
	≤ $25,000	0% of RSDI is countable
Married Filing Jointly	≥ $32,000	50% of RSDI is countable
	≤ $32,000	0% of RSDI is countable
Married Filing Separately & lived with spouse any time during the year	≥ $0	85% of RSDI is countable
	≤ $0	0% of RSDI is countable
Any tax-filing status	≥ $34,000	85% of RSDI is countable

Example:

Bob and Mary are married and file taxes jointly. Bob is 65 and has Medicare – he receives $1,000/mo RSDI, and $200/mo pension. Mary is 62 years old and is not Medicare eligible. She receives $1,500/mo from RSDI.

- Bob is 65 and has Medicare – he is not MAGI eligible; pursue Disability Medicaid.
- Mary is 62 and does not have Medicare; she is potentially MAGI eligible (see table).
- 0% of the RSDI is countable for Mary's Medicaid, and the pension is still budgeted at 100% at $2,400/annually; she would be HMP eligible.

Household Income				Yearly Amount
A. Enter the RSDI income (monthly amount x 12). Press enter after input. **[($1,000+ $1,500)*12]**			**A.**	$30,000
B. Should be equal to one-half of line A.			**B.**	$15,000
C. Enter households total gross income that is taxable (excluding line A), such as pensions, wages, interest, ordinary dividends, and capital gain distributions. **($200*12)**			**C.**	$2,400
D. Enter any household tax-exmpt interest income such as interest on municipal bonds.			**D.**	$0
E. Total of lines B, C, and D.			**E.**	**$17,400**
STOP HERE to see RSDI countable income results below.				
Compare the amount on line E against the table below to see countable RSDI income.				
Tax Filing Status	**Income Comparison**	**Result**		**Countable RSDI**
Single, Head of Household, or Qualifying Widow	Line E ≥ $25,000	50% of RSDI is countable		
	Line E ≤ $25,000	0% of RSDI is countable		
Married Filing Separately and lived apart from spouse for all of 2016	Line E ≥ $25,000	50% of RSDI is countable		
	Line E ≤ $25,000	0% of RSDI is countable		
Married Filing Jointly	Line E ≥ $32,000	50% of RSDI is countable		
	Line E ≤ $32,000	0% of RSDI is countable		0% of RSDI is countable
Married Filing Separately and lived with spouse for any time during 2016	Line E ≥ $0	85% of RSDI is countable		
	Line E ≤ $0	0% of RSDI is countable		
Any tax-filing status	Line E ≥ $34,000	85% of RSDI is countable		

Josephine Hundt
Eligibility Specialist

Michigan Department of Health and Human Services
MARA – Advomas
Oakland County Central Administration

A View from The Veep Seat

VP of Operations Jon Mills shares his thoughts on the eligibility changes that have occurred over the last five years. Jon has been part of the Advomas team since 2006 and has a degree in finance from Oakland University. He lives in Clarkston with his wife Heather, 6-year-old daughter Harper, and their family pet Bailey.

You've gained a lot of perspective from working alongside our eligibility specialists. With that experience, how would you say the Healthy Michigan Plan has affected the attitude of the patients we work with?

I believe the Healthy Michigan Plan has helped patients become much more positive while going through the health issues that, a lot of times, they did not plan on having to face, along with the medicals bills that follow. It has allowed access to immediate as well as ongoing coverage for a large population of our patients that, prior to the launch of HMP in April 2014, typically did not qualify for any type of assistance to help them obtain the care that they needed to improve their health, as well as the ability to recover financially after falling upon hard times.

How integral is Advomas with case management?

Why is the work we do important with this department? Our company plays an integral role with case management, as we are a major resource for them to help expedite their discharge planning and placement of patients who need to be moved into a LTC/rehab facility, or require certain medical equipment upon discharge that will allow them to recover at home. Our work in the ERs across many of our cases has allowed us to, many times, have coverage in place by the time a patient has been admitted from the ER and well ahead of case management's discharge planning needs, which makes their job much easier in this capacity.

What's something nobody knows we do that makes the difference on a patient's outcome?

The amount of follow-up work that is done behind the scenes, after the initial patient interview, is where a lot of what we do makes a difference on each patients outcome. Often times we hear the words, "it's so easy to obtain coverage; why do we need Advomas," and I believe this is because of the lack of awareness that Advomas has many different departments that contribute to patients receiving the correct and most beneficial coverage for both them and their provider. We have Field Representatives that are active in the community, driving to patients' homes in order to better assist them, as well as Eligibility Specialists housed in our corporate office that complete a lot of the follow-up required with the patients' MDHHS workers, to ensure they receive the necessary documents that ultimately result in coverage activation rather than a denial. We have a face-to-face approach that really is the most successful in finding the highest payer.

Have you seen the type of patient change or remain the same in the last decade that you have worked as a specialist?

I would say the biggest change in patient type is that patients are much more prone to address their health issues a lot sooner than they were in previous years, now that there is increased access to healthcare coverage. It also appears that there are more and more patients that are back in the work force, as they have access to care or the medications they need in order to continue working.

Why is applying for health insurance so complicated for the patients we see?

Applying for healthcare coverage is complicated for a lot of the patients we see because, a lot of times, it is all new to them and they are not aware that there are programs in place to help them, or how to go about applying for these programs. Some of our patients that are aware; just do not have the means, for various reasons, to be able to pursue coverage on their own, and truly rely on a company like Advomas to help them navigate the confusion within the healthcare world.

If you weren't a VP of Operations at Advomas, what would you be doing?

I would be an athletic director at a local high school and coach boys basketball. I was heavily involved in sports while growing up and have always had a passion for athletic competition, along with my desire to help people in any capacity I can, whether in a business, hospital or athletic setting.

Our People Make the Difference

Look out for an Advomas article featuring Jennifer Rakolta in the April issue of *American Healthcare Leader*. Here's a preview:

"A key component of continuing the company's success and ability to serve its clients is partnerships," Rakolta explains. Many entities touch the life of an uninsured patient, and Advomas needs to collaborate with as many of them as possible if it is to be the most successful eligibility organization, she says. One example of a key partnership is the one the company has with the Michigan Department of Health and Human Services. The two have partnered to rewrite state legislation to improve outcomes for uninsured patients.

"Our relationships have been cultivated over decades, and we are fortunate to have always had a fee model that rewards us based solely on results," she says. "Our partnerships have also been nurtured through launching meaningful projects that have helped patients avoid bankruptcy, influenced preventative care steps, and enabled hospitals to increase net income."

advomas®
PRIDE!

Cheryl Korpela, Advomas CAO, wins Crain's Healthcare Hero Award

The Face of Advocacy

Advomas Health Care Heroes

Congratulations
Cheryl Korpela

for being awarded 2017 Health Care Heroes Board Member Runner-Up!

All of us at Advomas are proud to work alongside Cheryl, and we are delighted to see her commitment recognized. Thank you for 30 years of dedication.

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Make a Smooth Transition to New Medicare Numbers

The law requires Centers for Medicare & Medicaid Services (CMS) to remove Social Security Numbers from Medicare cards by April 2019 to help fight fraud, identity theft, and help protect your taxpayer dollars.

A new unique Medicare number, also referred to as the MBI, will replace the Health Insurance Claim Number, also known as the Social Security Number. CMS will begin mailing new cards in April 2018 and will meet with designated deadline for replacing all Medicare cards by April 2019.

There will be a transition period when you can use either the HICN or the MBI to exchange data and information. This transition period starts April 1, 2018 and will run through December 31, 2019. This will also impact the CHAMPS system. A recent update was sent out to all providers advising that the Social Security Numbers or HICN will no longer show in the CHAMPS system; they will see the MBIs instead.

For more information about these changes or any questions, visit the New Medicare Card Home and Provider web pages at **cms.gov/Medicare/New-Medicare-card** for the latest update on the transition.

Advomas Employee Spotlight - *Michelle Craddock*

Our specialists' community work doesn't stop when they leave Advomas at the end of the day. This quarter we feature one of our Eligibility Specialists, Michelle Craddock from Detroit, Michigan.

"I find my volunteer opportunities locally and globally through the church. Two Sundays a month I work with the preschoolers. We collect food for our local food pantry through the year. Two years ago I joined Team Woodside where I walk in the Detroit Half Marathon every fall to raise money for Thailand orphans. One of my favorite activities is 'Tim Tebow's Night to Shine,' where we host a prom for special needs adults every February.

I truly believe that laughter is the best medicine. I try to bring a positive attitude with me every day to work. It helps put the patients at ease and makes our day in the office run more smoothly."

Michelle was born and raised in SE Michigan. She lives with her husband, five children, two dogs, and three cats.

MARK YOUR CALENDAR!

1.22.18 – NEW Medicaid APPLICATION rollout date statewide

January 2018 – New MiBridges access for Community Partners, assisting people with applying for assistance, to include access to viewing active benefits received by applicants

4.1.18 – State of MI will begin transitioning specific MA-HMP beneficiaries to the MI Marketplace, where they will be partially responsible for the cost of their healthcare (attached MSA 18-05)

Michigan Revenue Cycle Association (MRCA) Meeting Dates:

5.18.2018

9.19.18 - 9.21.18 – Shanty Creek Resort

HMFA Spring Conference (All Chapters – Western, Eastern and Great Lakes)

5.23.18 - 5.25.18 – Soaring Eagle Casino

NOTES

PASSING THE TORCH

Remembering our Leader's Foundation

On November 7, 2017, my father passed away. He didn't go quietly into the night because he loved living so much and, at 101, he did a lot of it. He was a father, lawyer, family man, business man, friend and mentor. But most of all, everyone liked to see him come into the room because he had such a genuine concern for everyone's welfare.

Okay, he was blessed with an incredible intelligence, finishing undergraduate and law school at Michigan in six years and being bored after one meeting with Mensa, but the one thing he did best was to listen, analyze, filter issues through his 100 years of knowledge, and produce solutions. Then those proposed solutions would be presented with his colossal sense of humor, so the listener would hear and not be offended if the solution involved pain.

So, I have had, until recently, the world's best backstop/sounding board. Lucky me and everyone else who knew him. I find myself lamenting his loss but it diminishes when one of my children, clients, employees or friends comes to me with a problem and I watch him, through me, work his process as if I weren't there. Better than that, I see my children, friends and employees do the same thing.

Maybe that is part of immortality. If it is, Dad improved the world and, as I see it, will continue to do so after imparting his gift to everyone he touched.

However, he probably shouldn't have played golf.

W. Bruce Knight | **W. Bruce Knight**
Founder & CEO

Advomas is a proud member of

MHA Michigan Health & Hospital Association

hfma

MRCA Michigan Revenue Cycle Association

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