

Advantage 2000 Consultants, Inc.

Social Security Commissioner Releases New Agency Strategic Plan

On September 24, 2008 Social Security Commissioner Michael Astrue released the agency's new Strategic Plan. The five year plan identifies the challenges the agency faces and the steps needed to meet those challenges. The Plan identifies four major goals with several objectives outlined to meet those goals.

Strategic Goal 1: Eliminate the Hearing Level backlog and prevent its recurrence.

Increasing the capacity to hear and decide cases is the first objective aimed at reducing the hearing backlog. This objective was first started in May 2007 when the Commissioner released his plan for Hearing Backlog Reduction. The primary points of this plan were to increase the Administrative Law Judge (ALJ) cadre by 15%, utilize Attorney Advisors to review claims, increase video hearings and open National Hearing Centers (See Vantage Point 2007 Summer Issue).

The second objective aimed at eliminating the hearing backlog has some long term goals that will work toward preventing the recurrence of backlogs currently seen. One goal toward achieving this objective is improvement in workload management. This goal will be reached by streamlining and automating the processes required for preparing a case for an ALJ hearing by utilizing new software for notices, scheduling and the transfer of workloads as needed.

Strategic Goal 2: Improve Speed and Quality of the Disability Process.

As with Strategic Goal 1, the first objective to meet this challenge, Fast Tracking Cases that "obviously meet disability

standards", was initiated in 2007. Programs in place to facilitate fast tracking cases are the Quick Disability Determinations (QDD) and Compassionate Allowances (See Vantage Point 2007 Summer and Winter Issues respectively).

The second objective to meet the challenges of improving speed and quality of the disability process is to make it easier and faster to file for disability benefits on-line. To address the increasing disability application workload a new initiative called "disability direct" is being implemented. This initiative calls for development of a simplified, user friendly on-line application process and a comprehensive package of on-line services for representatives.

The third objective aimed at improving the speed and quality of the disability process addresses the need to regularly update the disability policies and processes. Efforts have already begun to assess and update the Listings of Impairments. A regulatory cornerstone of the disability process is the Dictionary of Occupational Titles (DOT) used in Step 4 and Step 5 of the sequential evaluation process. However, the DOT has not been updated since 1991 and the Department of Labor has no plans to do so (See Vantage Point 2008 Summer Issue). The Social Security Administration is developing a long term strategy to replace the DOT with updated definitions and objective measures of the requirements of work. Another area of the disability process that needs updated policy is the Disability Determination Services (DDS). Work has begun on the development and implementation of a new common system for the 54 different DDS systems across the nation. This system will include the use of such tools as the electronic Case Analysis Tool (eCAT) to guide decision makers through the steps of the process for faster, more consistent and better documented decisions.

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ISSUE:



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Director of Claims Operations
and
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Commissioner's Strategic Plan continued...

Strategic Goal 3: Improve Retiree and other Core Services

There are several objectives outlined to meet the goal of improved service for retirees that also impact the processing of disability claims. The first objective to meet the challenges of this strategic goal is to increase the use of on-line services. Simplification of on-line services is a major initiative for all programs including disability. Additionally, SSA is exploring the possibility of providing individuals with secure on-line access to their personal Social Security information using a feature similar to an on-line banking statement.

Other objectives for improving core SSA services are improving the telephone and field office services. SSA plans to replace telephone equipment with a Voice over Internet Protocol (VoIP) network. This is a single system that carries voice and data. This will allow rerouting of calls during disasters and other emergencies. To improve the efficiency of the field office, SSA plans to pilot the use of kiosks similar to those used by the airlines allowing visitors to register the reason for their visit to SSA so they can be directed to the appropriate representative while protecting their privacy.

Strategic Goal 4: Preserve the Public's Trust in SSA Programs

The first objective set out to meet the goal of preserving public trust is to demonstrate good stewardship by curbing improper payments. Stewardship of the disability program is maintained by periodically completing a Continuing Disability Review (CDR) to ensure that beneficiaries continue to be disabled. Increasing workloads has resulted in a reduction of CDRs. With timely and adequate funding SSA will increase the number of Continuing Disability Reviews. Another aspect of good stewardship is the implementation of new tools and data exchanges to increase detection of improper payments.

The second objective in efforts to preserve the public trust in SSA programs is to ensure the privacy and security of personal information. SSA has ongoing programs to review policies and processes to prevent intentional or negligent misuse of personally identifiable information. This objective includes plans to improve encryption practices in those programs for data moving outside SSA facilities and networks.

Waste, fraud and abuse in SSA programs receive wide publicity and can diminish the public's confidence in the programs. Through an ongoing partnership with the Office of the Inspector General (OIG), SSA has worked diligently to reduce instances of fraud. SSA will continue to expand the Cooperative Disability Investigation program. This program has 17 investigational units and has been a very successful anti-fraud

initiative. As funding allows these units will be expanded.

Going "green" benefits the environment and saves taxpayer dollars by minimizing waste and reducing energy consumption. This is seen as a major objective toward preserving the public's trust in SSA programs. SSA will continue to embrace their responsibility to the public to conduct business in an efficient, economical and environmentally sound manner. The agency will lead by example in advancing sound energy and environmental practices.

Additionally, it is noted that there are two key foundational elements to the success of achieving all of the SSA strategic goals: SSA employees and information technology. Commissioner Astrue states, "Only by investing properly in both our employees and new technology can we hope to achieve our ambitious goals."

SSA PROPOSES REDUCTION IN RETRO BENEFIT PERIOD

On August 29, 2008 SSA Commissioner Michael Astrue presented Congress with proposed legislation entitled "Social Security Amendments of 2008", which in part would reduce the period of retroactive disability benefits payable prior to the month the disability application is filed.

Citing SSA's ongoing struggle to balance new responsibilities within tight resource constraints, Section 105 of the proposed legislation provides that the month of entitlement to disability benefits could be no earlier than six (6) months prior to the month the application is filed. Current law allows benefits to be paid no earlier than twelve (12) months prior to the month the application is filed.

In the Commissioner's letter to Speaker Nancy Pelosi, Astrue explains that the proposed legislation would make the retroactivity rules for disability benefits consistent with existing retroactivity provisions applicable to retirement and survivor benefits. He further suggests that reducing the available retroactive benefits may encourage some applicants to file claims closer to the onset date of their disability, increasing the likelihood of receiving a decision closer to the disability onset date.

NPRM – Hearing Loss Listings

On August 12, 2008 the Social Security Administration (SSA) published a Notice of Proposed Rulemaking (NPRM) proposing revisions to the criteria used in the evaluation of Hearing Loss. This impairment category is contained in Social Security's Special Senses and Speech Listing 2.00.

The proposed changes to update the Listings reflect Social Security's adjudicative experience, current medical criteria, and to specify how hearing loss is to be evaluated. While revisions are being proposed to both the Adult and Childhood Listings, this article discusses only the proposed changes to the Adult Listings.

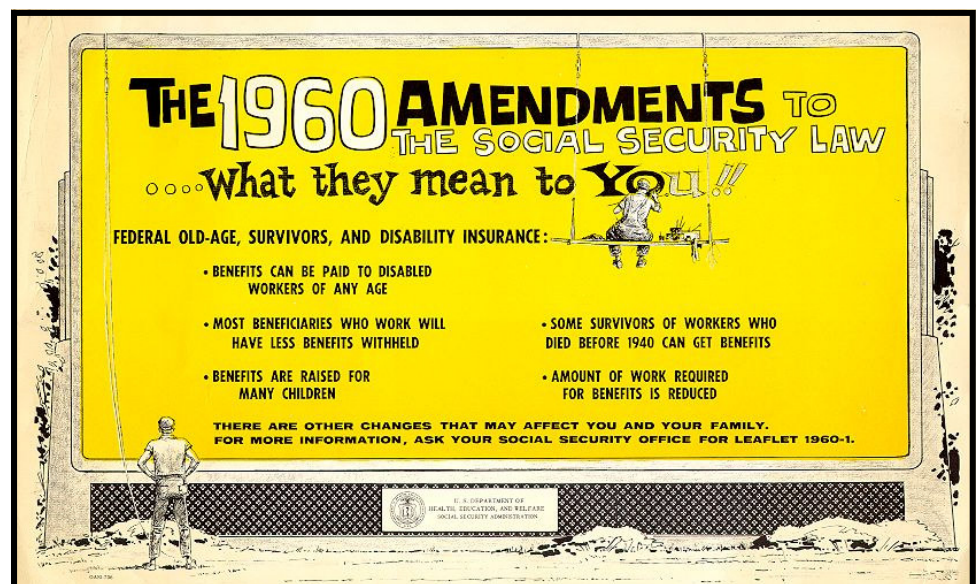
SSA hosted a policy conference on Hearing Impairments at Gallaudet University in Washington, D.C. on November 7 and 8, 2005. Participants at the conference provided information upon which some of the proposed revisions to the criteria are based.

Many of the proposed changes to the Hearing Impairment Listings update medical terminology and language and some are simply editorial. The following are some of the more significant revisions being proposed by SSA:

- Under the new criteria a claimant's hearing loss would be evaluated using the ability to hear pure tones and recognize words rather than hearing and distinguishing speech
- Clarification would be made that each ear must be tested separately
- Clarification would be made that audiometric testing must be performed *without* hearing aids in place
- An otologic examination would become the preferred type of examination to be used in establishing a medically determinable impairment. This examination would not need to be performed on the same day as the hearing tests.
- A separate Listing would be added for use in evaluation of hearing loss treated with cochlear implantation. A claimant would be found disabled for 1 year following cochlear implantation surgery to allow time for the individual to have rehabilitation and training in the use of the device. Further, after 1 year, the correct mode of evaluation of the success of the procedure is specified.

SSA is accepting comments on these proposed changes until October 14, 2008. You may access the NPRM through this link to view the proposed revisions in their entirety: <http://edocket.access.gpo.gov/2008/E8-18718.htm>

This 1960 poster highlights some of the major provisions of the 1960 Social Security Amendment.
(SSA History Archives)



SSA RELEASES OIG HEARING OFFICE REMAND AUDIT REPORT

Jamie Reeves, J.D.

Director of Claims
Operations
Swansea, IL



An SSA/DIB (Disability) claimant whose claim has been denied at the Initial Claim, Reconsideration and Administrative Law Judge (ALJ) level has a fourth level of appeal, SSA's Appeals Council (AC) located in Falls Church, Virginia. The AC does not conduct a new hearing and rarely allows oral argument. The evidence considered by the AC is the full record from the ALJ hearing plus any additional post-hearing evidence relating to the period on or before the date of the ALJ decision. After its review, the AC issues one of 3 decisions in each appeal:

- Agree with the ALJ's decision/dismiss the request for review
- Disagree with the ALJ's decision/issue a new decision
- Remand the claim back to the ALJ level

A "remand" occurs when SSA's Appeals Council returns a claim appealed from an ALJ decision back to the ALJ. The Notice of Remand from the AC provides instruction to the ALJ regarding what additional development or proceedings are required. ODAR's policy is to "flag" remands and assign them immediately, usually back to the same ALJ who issued the decision. The ALJ is expected to treat a remand as a "high priority." If a claimant is still dissatisfied with the AC's action, the claimant may seek a review of the case in a U.S. District Court which has the same 3 options as the AC. When the Court remands a case to SSA, the remand is sent first to the AC which then remands the case to an ALJ.

On September 29, 2008 the Office of Inspector General (OIG), Social Security Administration's (SSA) audit and investigative unit, released

a report of its investigation into whether ODARs were properly tracking and processing remands in accordance with SSA policy. As part of its inquiry, OIG reviewed all the closed remands for FYs 2005 to 2007 and the 10 oldest remands from SSA's "aged claims," which are cases 1,000 days old or older by the end of FY 2007.

The OIG found that remand dispositions vary widely among ODAR's 10 regions. In general the 141 hearing offices accurately tracked the number of remands processed. Regionally, ODAR's New York and Dallas Regions had 8 percent of their hearing dispositions as remands, while the Philadelphia Region had the lowest total remand disposition percentage of 4 %. The reviewers also found that the average processing time for remands was lower than the processing time for dispositions in general, indicating that remands were receiving high priority processing. For example, in FY 2007, the average processing time for remands was 339 days for AC remands (369 days for court remands) which is well below SSA's 512 day national average processing time for all hearing dispositions. As a percent of all hearing dispositions, AC remands represent about five percent (5%) and court remands one and a half percent (1.5%). Variances in remand dispositions were even greater at the hearing office level. Of the 141 hearing offices, 20 had over 10% of dispositions as remands, 49 had between 6 and 10% as remands, and 72 had between 2 and 6% as remands.

Because remanded claims are included with initial hearing claims in SSA's "Number of Hearings Processed" performance indicator and remand processing time is included in SSA's "National Hearings Average

Processing Time" performance indicator, OIG recommends that SSA develop separate or subsidiary performance indicators for remands to track the size and timeliness of these dispositions. ODAR staff report that remands require extra attention at each stage of the hearing process, including obtaining relevant medical evidence, reviewing the claimant's medical history, complying with the AC's remand order, scheduling a new hearing with new expert witnesses, reaching and writing a new decision which can involve extensive research, writing and editing. The current process of including hearing dispositions and remands suggest greater ODAR productivity than hearing dispositions alone. This is further skewed in those offices with a greater number of remands. Likewise, although remand cases generally are processed more timely than initial hearing cases, combining them fails to recognize different workloads with different priorities. A hearing office with a high volume of remands may appear to be timelier.

The conclusion of the OIG audit report indicates that over all, remands were being accurately tracked and processed more timely than initial hearings. Implementing the suggested separate or subsidiary performance indicators for remands to track the size and timeliness of these dispositions would provide new numbers which would more accurately reflect SSA's hearing workload and provide SSA staff, Congress and the public with the necessary information to better understand SSA's workload. The SSA Commissioner's office response to the report is that establishing new and separate performance indicators to capture remand productivity may not be useful or advisable since the report found that ODAR was already accurately tracking this workload and addressing it as a priority.

SSA... What's Happening

from Mary Garrett, Director of Program Management



Notices of Proposed Rule Making Recognizing Entities as Representatives Regarding Representative Fees

On September 8, 2008 the Social Security Administration (SSA) published a Notice of Proposed Rulemaking (NPRM) recognizing entities as representatives.

Currently SSA recognizes attorneys and other persons as claimant representatives. Although the term "persons" is defined broadly in the SSA Act to include partnerships, corporations and associations, in practice, SSA has only recognized individuals as claimant representatives. SSA recognizes that many representatives practice in group settings and provide their services collectively to claimants. Many claimants may prefer to hire a firm rather than a single individual within the firm. In recognizing entities as representatives, SSA believes it will make it easier for individuals to obtain the representation they want. SSA further believes it is appropriate for them to propose to amend their rules to more accurately reflect the changes in the way representatives conduct their businesses.

Under the current process, SSA requires the filing of a new Form SSA-1696, Appointment of Representative, to appoint each individual associated with an entity that represents a claimant. By recognizing the entities as representatives, SSA will allow entities to alternate employees to represent a claimant based on availability and workload without completing a new Form SSA-1696. The entity will be bound by the signatures and action of its employees during their association with the entity, regardless of whether that association ends at a later date. The employee who signs the Form SSA-1696 on behalf of the entity will be considered the contact person for the entity for the purpose of receiving notices and information from SSA until or unless the entity updates its contact person information.

The NPRM describes the role of Principal Representatives and introduces the concept of Professional Representatives. A Principal Representative is an individual who is responsible for processing the information and requests to and from SSA, the claimant and the other Representatives in the entity. The Professional Representative includes any attorney, individual or entity that provides representational services to the public.

SSA expects the Professional Representative to conduct business with them electronically at the times and in the manner they prescribe. Professional Representatives and their employees will be required to complete a one-time initial access registration with SSA so they can conduct business electronically. Access registration will require representatives and their employees to supply SSA with certain personal, professional and business affiliation information so they can authenticate and authorize the entity to conduct business with them.

SSA will consider comments on these proposed changes received no later than 60 days from Monday, September 8, 2008. They are especially interested in receiving public comment on their definition of Professional Representative.

On August 26, 2008 the Social Security Administration (SSA) published a Notice of Proposed Rulemaking (NPRM) regarding the authorization of Representative Fees.

Currently, SSA requires all representatives to obtain approval before charging or receiving a fee for representational services. To protect the claimant from being charged unreasonable fees, SSA prohibits representatives from charging or receiving more than 25% of the retroactive benefits up to a maximum of \$5,300.00. Under certain criteria, SSA does not require approval of a fee if a nonprofit organization pays the fee out of funds provided by a government entity.

SSA proposes to revise the current policy and allow representatives, in certain cases, to be paid fees for providing representational services without requiring their authorization. SSA states when a party other than a claimant or beneficiary incurs the liability for the cost of the representative's services, there is little risk the claimant will be charged an unreasonable fee above the amount allowed. The NPRM explains that often third parties, such as insurance companies, have provided claimants representation and have paid the representatives' fees without any liability to the claimant. As the claimant's benefits will not be affected, SSA believes they do not need to continue approving the fee arrangement.

The NPRM also proposed eliminating the need to approve fee arrangements in situations where a legal guardian or court-appointed representative are involved. The thought is that the courts have already authorized the guardian's fees, so there is little risk to the beneficiary that the fee approved is unreasonable.

SSA states they believe the proposed rules would not adversely affect the interests of the claimants and would allow their resources and the resources of the representatives to be used to serve claimants and beneficiaries in other ways.

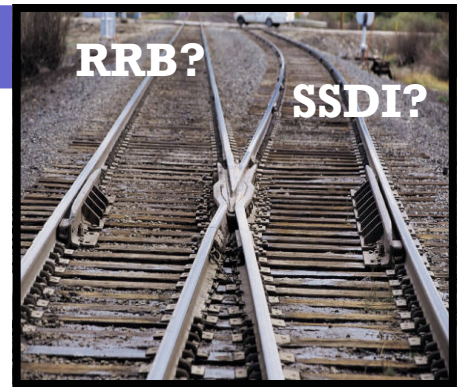
In addition, SSA proposes to codify the current ruling, SSR 85-3, stating they do not need to authorize a representative's fee if the fee is paid by a nonprofit organization or agency out of a fund provided or administered by a government entity.

SSA will consider comments on these proposed changes received no later than September 25, 2008.



TECH TALK....

with...Jeff Fields
Customer Relations Manager



Railroad and Social Security Benefits – Who Pays?

Have you ever had a claim that involved prior railroad employment and asked yourself, “how does that work?” And, what about those strange railroad award letters? Can anyone really understand how to interpret those things? Tier 1? Tier 2? What on earth is that and how do I apply an offset to it? If you are like some LTD and retirement plan benefit administrators, you may be experiencing a familiar and perhaps unpleasant feeling right about now.

It's really not too difficult to grasp the basics. Getting down in “the weeds” of the issue can be confusing, but we should be able to cover some elementary program rules that will at least make it an approachable subject.

As you may be aware, the nation's railroads are all governed under a federal program to provide for a railroad benefits package for vested railroad employees. These benefits are administered by the Railroad Retirement Board (RRB). The RRB is a single body that governs all railroad retirement, survivors, dependent, and disability benefits regardless of the railroad company for which the employee worked. For our purposes, the benefits available are not much different than those provided by the Social Security Administration (SSA). But, a railroad employee is covered by their own retirement system. So if they never work outside that industry, they will only have railroad benefits available to them. A railroad employee does not pay into the Social Security system with FICA tax withholdings so they do not gain “insured status” with SSA. As a result, most private group disability insurance plans will involve persons that have worked under both the RRB and FICA covered employment.

As mentioned, sometimes railroad employees do not remain in the in-

dustry for a lifetime and will seek employment outside of railroad service. In those cases, they may have coverage under both the railroad system and the Social Security FICA system. SSA and the RRB have processes in place to allow for that possibility.

The first thing that has to happen is a determination regarding which agency will administer the claim and pay the benefits. Generally, if a person has any railroad employment they should be directed to file a claim with the RRB. But a Social Security claim will eventually serve the same purpose as long as the railroad employment is disclosed on the application. A claim with either agency is considered an application for the other. If the “dual claim” is eventually awarded, it is important to know that RRB benefits are paid in what are identified as a “Tier 1” and “Tier 2” benefits.

Tier 1 Benefits

Tier 1 benefits consist of dual benefits payable for both FICA and RRB covered work. The Tier 1 benefit reflects the RRB benefit that has been offset by the payable SSA benefit. The combination is then paid in one check. The RRB calculates the Tier 1 benefit using essentially the same formula SSA relies on to calculate a primary benefit for most of their programs. It could be looked upon as the benefit that SSA would have paid the person if the railroad earnings had all been credited to their SSA earnings record.

Tier 2 Benefits

Tier 2 benefits are based on RRB covered employment only and are not offset by SSA benefits. The RRB uses a separate formula to calculate Tier 2 benefits. These benefits are based strictly on railroad employment and are not affected by the SSA earnings record.

The RRB award letter will define the amounts of Tier 1 and Tier 2 benefits paid with a breakdown of each.

The Claim Process and Jurisdiction

The best way to view a claim when railroad benefits might be involved is to determine if the person was vested in the RRB benefits package. That will let you know which agency will eventually issue the decision on a claim. While it can be much more involved, the basics work like this...if the person has 10 full years (120 months) of credible railroad service the RRB will take precedence and administer the claim and payment of all benefits including any SSDI benefits payable. SSA will complete their regular review and calculate the payable benefit without regard to the railroad service. The SSDI benefits payable (calculated without the added railroad earnings) will be certified to the RRB and paid to the beneficiary as part of a “Tier 1” benefit. The full RRB benefit is calculated by the RRB and the entire SSA benefit certified is offset from the total. The RRB then issues the Tier 1 benefit in one check. If it turns out the claimant is not “vested” under the RRB rules, the railroad earnings will be considered as FICA earnings for SSA benefit calculation purposes and SSA will administer the claim for payment.

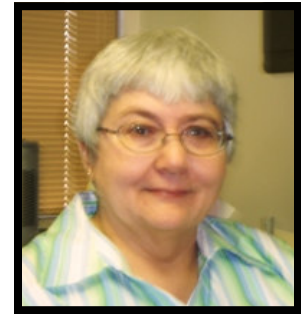
The Railroad Retirement Board National office is located at 844 N. Rush Street, Chicago, Illinois. Field Offices are located throughout each state.

As with most of SSA's benefit programs, there are many rules and regulations that can't be covered in every detail here. However, remember that A2K is always available to help you sort out the more troublesome issues and help you find answers to those “mind-numbing” eligibility and entitlement questions.



THE CUTTING EDGE

Cochlear Implants



Candace Parson
Disability Specialist

In order to gain some insight into Social Security's proposed new Listing for individuals with cochlear implants, the following information is provided.

Alessandro Volta is the scientist who invented an early version of the electric battery which produced a steady electric current. He began scientific investigation of electrical methods of stimulating hearing around 1790 when he put metal rods in his own ears and connected them to his "battery". The result was the sensation of "a boom within the head". Little was done regarding the impact of electrical current on hearing until 1957 when Djourno and Eyries stimulated the acoustic nerve with an electrode, resulting in the subject being able to hear background noise. In 1961 Dr. William House implanted devices in three patients in the United States. Each patient reported receiving some benefit from the implants. The FDA approved cochlear implantation for adults in 1984.

A cochlear implant is an electronic device that can help

provide a sense of sound to a person who is profoundly deaf or is severely hard-of-hearing. A cochlear implant DOES NOT restore normal hearing. It CAN, however, give a deaf person a useful representation of sounds in the environment and help him or her understand speech.

Normal hearing begins with sound waves moving through the outer ear and ear canal and striking the eardrum (tympanic membrane). The sound waves cause the eardrum to vibrate and set the bones in the middle ear, the malleus, incus, and stapes, into motion. The motion of these bones causes the fluid inside the inner ear to move. The cochlea is one of two main parts in the inner ear and is the organ of hearing. It is about the size of a pea. There are hair cells within the cochlea that change the movement into electric impulses which are sent to the auditory nerve and into the brain where sound is interpreted.

The external portion of the cochlear implant device has external and implanted components. Externally a microphone and a speech processor sit behind the ear. The microphone picks up sounds from the environment and the speech processor arranges the sounds picked up by the microphone. A transmitter is placed on the head over the "internal" re-

ceiver/stimulator which has been implanted under the skin. The transmitter is held in place by magnets, one in the transmitter and one in the receiver/stimulator. The transmitter and receiver/stimulator receive signals from the speech processor and convert them into electronic impulses. An array of electrodes placed in the cochlea collects the impulses from the stimulator and sends them to different hearing nerve fibers of the auditory nerve. The auditory nerve sends the signal to the brain for interpretation.

Following implantation of the device and a period of recovery from surgery, the device is turned on for programming. What a person "hears" the first time depends on how long they have had the hearing loss, how much hearing they had (or did not have) in the past, and the nature of the hearing loss, i.e. genetic or traumatic, etc. The brain must learn or re-learn what sound is and how to separate and identify individual sounds in the environment. Rehabilitation, practice with the implant and listening therapy are required to optimize the benefits of the cochlear implant and hearing potential. Whether a cochlear implant is "successful" or not can only be defined by the individual's definition of success.

The SSA Numbers at a Glance

To the right is a comparison chart showing the increase in Social Security Benefit amounts between the year 2008 and 2009

If you have any questions, please contact Jeff Fields, Customer Relations Manager

QUICK CHART	2009	2008
COLA	5.80%	2.30%
Quarter of Coverage	\$1,090	\$1,050
Retirement Test: At FRA	\$37,680	\$36,120
Retirement Test: Under FRA	\$14,160	\$13,560
SGA Test Amount: Non-Blind	\$980	\$940
SGA Test Amount: Blind	\$1,640	\$1,570
Trial Work Services	\$700	\$670
Full Retirement- Attains 62 in	66Yrs.	66 Yrs.
Medicare Part B*	\$96.40*	\$96.40
Taxable Earnings	\$106,800	\$102,000
SSI Federal: Individual	\$674	\$637
SSI Federal: Couple	\$1,011	\$956
*Medicare part B monthly premiums may exceed \$96.40 if an individual's yearly income exceeds \$85,000 or \$170,00 for couples.		



Top Baby Names of 2007



Each year Social Security releases the top baby names used during the previous year. Jacob has held the number one spot for the past nine years while Emily has reigned for the past eleven years.

Last year Michael came in at number 2 (also for nine years) while Isabella won over Emma's four year run. Ethan rose above Joshua which held the number 3 spot for boys for the past five years and Emma drops to 3rd this year winning over Madison which held the number 3 spot from 2003-2006.

Joshua and Ava came in as fourth with Daniel and Madison holding fifth. Following in at 6th is Christopher & Sophia.

Anthony, William, Mathew and Andrew bring up the rear in 7th through 10th place for the boys while Olivia, Abigail, Hannah and Elizabeth finish it out for the girls.

The name John has not dropped past the 14th spot in the last ten years, while Barack has not made the top 1,000 names for the past 50 years.

As long as we are looking at unique names, Elvis ranked at 676th for the year 2007. For the past 50 years, the name Elvis has not dropped below the 794th placement (1975) or risen above the 403rd spot (1958).

EMPLOYEE SPOTLIGHT

Judy Klein joined Advantage 2000 Consultants in June of 2006 as a Case Manager. She represents claimants at the hearing level of adjudication, traveling to appear in person before Administrative Law Judges.

Born in Elko, NV and raised in San Diego, CA Judy earned her Business Degree from Haas School of Business as an Accounting Major and received a degree in Political Science from the University of California, Berkley. She obtained a Healthcare Administration Degree from Concordia, an on line study course out of Ann Arbor, MI.

Judy's past work includes 15 years experience with a major insurance company, 10 years working with law firms and 3 years as a Risk Manager in healthcare.

Although from the sunshine state, she fell in love with a mid-west boy and the rest is history. She has 3



Judy Klein
Case Manager

grown children and four granddaughters ranging in age from 9 months to learning to drive. They keep her busy watch-

ing them play soccer and volleyball. She also enjoys their participation in choir.

Judy loves football and claims Fall is the best time of the year. When she's not following her favorite team she plays golf, goes dancing and loves to meet people.

Judy credits her work success to the lessons taught by her parents. Her father advised her to "Plan your work and work your plan" and her mother always said "Can't is a word too lazy to try". Judy claims she does plan her work and has never said she cannot do something.

She has passed down the very same advice to her children and granddaughters.

Advantage 2000 is thankful for the way Judy uses her past experiences in healthcare, law and insurance to develop and present a claim. Her work ethic is appreciated as she remembers her parents' lessons, excluding the word lazy from her vocabulary.

A HELPING HAND...

Advantage 2000 is proud to have so many community-minded employees who devote their time to such great causes.

We had the fortune to once again assist in the needed supplies for the annual H.I.S.K.I.D.S. camp this summer. This camp offers activities such as swimming, camp fires, crafts and activities that are usually found at any other camp. But with one difference... H.I.S.K.I.D.S. camp is for children with cancer and their siblings.

Through the generosity of employees, A2K was able to provide 410 juice box drinks, 550 individually bagged snacks, 344 freeze pops and 7 large grocery bags filled with games, prizes and batteries for the camp prize store where kids can spend earned points on something special to award themselves.

Advantage 2000 employees continue to go above and beyond reaching out to the community in a positive direction whenever an opportunity arises.

