



MEDICAL BANKING

A Purchaser's Guide

A Medical Banking Tool Kit for Employers

EMPLOYERS UNITING WITH BANKS TO IMPROVE HUMAN CAPITAL

THIS BOOKLET WILL HELP EMPLOYERS TO UNDERSTAND AND APPLY MEDICAL BANKING PROGRAMS in their healthcare purchasing operations. It was developed by the Medical Banking Project (MBProject) with the assistance of a multi-stakeholder collaborative, the Joint Taskgroup for Value In Health, a collaborative of the Medical Banking Project and the Automotive Industry Action Group (AIAG). This booklet provides a background, standards and contracting/RFI guidance for optimizing human capital utilizing medical banking programs. It is being distributed at the Seventh National Medical Banking Institute (March 11-13, 2009 in Nashville, TN), as well as to the members of the 1600 employer strong AIAG and other organizations that can benefit from this collaborative work.



in collaboration with





Acknowledgements

This guide was developed by the Joint Taskgroup for Value In Health, a collaborative effort between The Medical Banking Project (www.mbproject.org) and the Automotive Industry Action Group (www.aiag.org). Members of the two organizations convened on three occasions to complete this effort (see Appendix for all participants). A final workbook that outlined the findings of this group was developed by MBProject and placed before the Joint Taskgroup at a meeting on July 24, 2008 in Southfield, Michigan (see side column).

The purpose of this effort is to help employers to leverage the new “banking infomediary” in healthcare. This quickly emerging dynamic in the marketplace heralds one of the most fascinating and promising opportunities today to improve the value of health and healthcare.

The primary author of this workbook is John Casillas, Founding Director of the Medical Banking Project. A vision of aligning the interests of banks and employers to tackle healthcare challenges was originally conceived by Joe Fortuna, MD, at a speech delivered at the 2006 Medical Banking Leadership Forum in Washington, DC at the PricewaterhouseCoopers headquarters building. Together, these two individuals have pioneered new thinking related to the potential impact of medical banking on human capital.

Editorial review and assistance was provided by the leaders of the Joint Taskgroup, Joe Fortuna, MD (co-chair), James Patterson, Arvin Meritor (workgroup leader). Co-Leaders of the Joint Taskgroup included Mark Keck, TriHealix and Matthew Carberry, Bancorp Bank.



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TO IMPROVE HUMAN CAPITAL**

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Dear Purchaser,

Where does one begin to discuss the challenge we face as a nation to fix a broken healthcare system? At an alarming rate, the healthcare system that employees rely on is being compromised by inaccessibility due to high costs and myriad other factors. Many voices are touting solutions and they will hopefully all bear fruit.

One area that has gotten a lot of air play but doesn't appear on the radar for most employers and other purchasers of healthcare is the simplification of health data management. Studies show that up to 30% of our healthcare spending is tied up in an inefficient "paper chase".

Now, that's something that we can change and improve. Its an area where employers and purchasers of care can make a difference. Its an area where banks can lend the most sophisticated tools and processes in the world to rationalize costs.

In this document, which is really action plan for employers, we reveal a fundamental shift occurring in the marketplace to rationalize the end-to-end paper chase in healthcare using banking systems. We call it "medical banking". Medical banking offers a compelling national strategy to reduce healthcare costs by optimizing assets that are currently used, very successfully, in the banking industry.

By linking banking and healthcare systems we estimate that we can save over \$35 billion annually. That's a significant savings that can be applied to the bottom line. But to do this, we are enlisting your help, as a purchaser of healthcare. From better claims management to access to healthcare records via the online banking platform, medical banking holds immense promise to rid waste and increase quality in healthcare.

We urge you to take advantage of this information by using it in your contract language and RFI/RFP process. In doing so, you will help to spread fundamental and systemic value throughout our national healthcare system.

Sincerely,

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SECTION 1

What Is Medical Banking?

Most people today book their travel tickets online as well as car, hotel and other services. Linking banking/financial networks to the airline reservation system made this possible. By managing transaction workflow across both industries, overall costs were reduced. This led to new competitive pressures in the airline industry. As this dynamic manifested itself in the marketplace, the consumer was empowered to take advantage of many self-help, on-demand services. The age of the ticketing agency as intermediary was gone.

In much the same way, medical banking represents the unfolding of this same type of dynamic in the healthcare industry. While linking banking and healthcare systems is complex, its occurring rapidly in the marketplace today. And while this area is in its infancy, it shows great promise for unleashing a whole new generation of valuable self-help tools for medical consumers – from managing healthcare funds to investments tied to an account-based health plan, and even monetizing de-identified personal healthcare records, with customer authorization, by opening or using an online bank account.

To understand the comprehensive nature of the possibility of change by leveraging banks to improve our healthcare system, an appropriate definition is needed. Medical banking refers to the latent integration of banking technology, infrastructure and credit with healthcare administrative operations. The range of change is substantial and its occurring in the B2B and B2C realms.

A great example of this dynamic is a case study by a national bank. In the study, a national healthcare provider calculated savings of over \$4 million using a medical banking system (a PNC Bank case study). The bank commissioned an independent study targeting 135 top healthcare systems who estimated they could save between \$1 million to \$10 million annually. In fact, the Medical Banking Project estimates that the opportunity cost for streamlining administrative costs in healthcare is \$35 billion annually across hospital and physician providers.

The case study provides a view into a fundamental driver in medical banking. Successive market factors are building upon each other to push the bank into a new paradigm and may be summarized as follows:

- ▶ Data privacy and protection. As data privacy issues escalate (from HIPAA to many other data privacy regulations), banks will increasingly specialize their services for healthcare. Data privacy and security caused banks to re-focus on their lockbox areas in particular, leading to further specialization of this product to streamline workflow.
- ▶ Evolution of cross-industry platforms. As specialization occurs, linkage of banking and healthcare systems will lead to reduction of core transaction costs in healthcare. This will lead to more health data flowing through banking systems and support the creation of new bank-based digital tools that provide real time capability.



- ▶ Digital tools for industry and the consumer. As banks learn to add value to the health data flowing through their systems, digital tools will evolve that target efficient commerce between healthcare stakeholders and on-demand access to consumer tools via highly secure online portals (i.e., the online banking platform is used by over 55 million US households and growing).



DATA PRIVACY AND PROTECTION

A key area that continues to stymie industry efforts to ramp our paper-burdened, error-intense healthcare system onto an efficient digital platform is privacy. Today, many voices are decrying the gaps in privacy that appear to be prevalent in our administrative systems.

Within this context, the banking system is locked into an Identity Theft Arms Race of its own, collectively spending billions annually to keep the bad guys away from our money. As a result, the banking industry today has one of the most trusted portals used in the American home. Some 55 million households and growing are using the online banking platform to manage their finances.

Medical banking models propose to use the online banking platform, and other administrative platforms developed within the banking complex, to leveraging the significant investment already made to secure and optimize healthcare workflow routines. By doing so, healthcare systems can leverage ongoing government oversight, privacy and security protocols and investments that are routine in the banking arena.

As privacy regulations within the US and across the world emerge and grow, the banking industry is adapting, strengthening and improving its platform against external threats. Part of this platform is already deployed for use in medical banking programs that reduce administrative costs. So it may make sense to use the platform fully to assist in the national effort to digitize healthcare. National leaders are calling for an aggressive time table to meet this critical national objective.



EVOLUTION OF CROSS-INDUSTRY PLATFORMS

What is required in order to implement a program that enables a patient to pay the doctor at point of service? At a high level, eligibility must be checked, including what the health plan is legally contracted to pay for in order to estimate the patient-owing balance. This involves coordination and real time linkage of insurer databases and banking networks that can, upon customer consent and authorization, advance the funds owed.

This is one example of a cross-industry platform that can deliver extraordinary results to the routine cost of healthcare. Industry estimates place administrative costs as high as 30% of every dollar expended on care. This cost is shared across all the stakeholders, and is an uncovered area of opportunity for employers.



Consider that the process to pay a physician at point of service, even when using electronic claims processing services, is typically handled via phone calls, faxes and the US mail. Payments typically aren't settled for days and many times this will stretch into months. This adds confusion, frustration and cost to the healthcare system.

Platforms that trim the paper flows away from the payment process are a logical extension of banking activity. Payments that are documented on paper can be digitized, either at the insurer or lockbox level, to rid the system of millions of documents. These documents can be imaged, processed digitally, introduced to electronic systems for analysis and viewed online using sophisticated banking platforms. This is in fact one of the highest growth areas in medical banking today.



DIGITAL TOOLS FOR INDUSTRY AND THE CONSUMER

Banks are beginning to understand the value of the data they are processing. As they do, there is an emerging industry focus on creating business intelligence tools for their business customers – healthcare providers, employers and health plans. These tools will monitor revenue cycle operations, highlighting trends and productivity opportunities within the healthcare operation.

There is also a version of this activity that is focused on the consumer, using the data or linking with health data sources that can deliver personal healthcare records to online banking customers. Banks have a natural economic model with regard to the online banking area. Surveys show that online banking customers contribute over three times more to the net revenue of the bank. These customers tend to have larger account balances and more accounts.

The aggregation of consumer-friendly tools accessible via the online banking platform is an area we are calling “personalized healthcare informatics”. In the new era of account-based health plans, like Health Savings Accounts, banks are finding that they need to aggregate “health-wealth” tools that enable consumers to ascertain their health spend as well as to research their healthcare options. Thus banks are increasingly investing in platforms that aggregate best-of-breed consumer tools that are easily accessible for their health account holders.

Finally, as banks add these types of platforms to gain more market share of health account savings, their economic interest could align with employer human capital goals. Educating account-holders about better healthcare choices and healthier lifestyles will become important in order to keep HSA funds in the bank account and not have them spent unnecessarily. These funds will likely stay in the IRS-favored account and build over a lifetime, ensuring long term profits for this type of account arrangement. Indeed, given the lack of profitability that banks have experienced offering HSA plans, the long term outlook may be the best way to view the viability of such offerings.



SECTION 2

Why Should Employers Adopt Medical Banking Programs?

Reduction of healthcare costs is usually the first reason why employers want to leverage medical banking programs, however, long term quality issues offer the most compelling reason. In the long term, higher quality of care delivered when and where really needed may reduce costs more than short term gains. Yet both are critical to every employer.

Because medical banking is an “infrastructure play” that can fundamentally reduce costs and deliver useful data to all the healthcare stakeholders, understanding how to leverage medical banking models by employers is elusive. Many employers use Third Party Administrators (TPAs) to process their claims. How can they benefit if TPAs use medical banking programs?

Well the first thing to realize is the magnitude of the administrative problem in healthcare. The paper shuffle in healthcare is not only responsible for adding substantial cost but it may also contribute to error in processing payments and even decisions related to treatments. Its an area we really do need to get under control and the good news is that we can.

In the early '90s, industry experts felt the issue was so serious that a new Workgroup for Electronic Data Interchange (WEDI) was formed by the Department of Health and Human Services to manage industry-wide transactionalization of health data utilizing standards developed by the American National Standards Institute (ANSI). These transactions are intended to enable efficient electronic commerce, moving healthcare out of the “paper chase”, estimated to cost \$42 billion annually in 1993. The transactions were codified into law (HIPAA's “administrative simplification” section). Today, the healthcare claim has been “digitized” so it can be processed electronically versus via paper and this has lead to considerable operational savings. Yet the task of adopting the new healthcare transactions remains undone, and requires an ongoing process of education, industry resolution and focus.

Medical banking represents the final frontier for moving the healthcare paper chase onto an efficient digital processing platform. As in the case of the airline industry and banking, when EDI adoption reaches critical mass in two adjacent industries, the efficiency pendulum moves from vertical specialization within the walls of each industry to horizontal specialization. Today, you can purchase your tickets and select your seats online. This required cross-industry specialization of data processing.

To illustrate how this operates between the banking and healthcare arena, we turn your attention to the “extreme paper chase” that follows a typical patient visit. Most of it is payment related. This represents the digital work that remains undone. The industry focused on getting the claim to the payor in digital format but left the loop undone. This constant flow of payment and remittance data following each patient visit represents fertile territory to create operational efficiency, and as we saw from the summary of industry dynamics, a jump off point for banks to invest in human capital.



Most people are interested in the financing of their healthcare. Delivering payment and reimbursement data directly to the consumer via online banking creates an opportunity to deliver high value consumer data in a portal that is linked to other critical building blocks for healthier living – like access to sound lifestyle research and personal healthcare records.

So where to begin? Well, HIPAA transactionalized the payment remittance transaction (835), thus enabling payment and remittance data to be digitized in a standard format. Yet operationalizing this 835 transactions remains out of reach for most providers thus its use is limited. By using a banking system, linked to the physician's practice management system, banks can implement "straight through processing" programs that optimize EDI value. Medical banking focuses on how to implement the horizontal work routines necessary to optimize the value of the EDI transaction.

At the same time, medical banking invites the banking stakeholder into investing in healthcare technologies that create value using the remittance data. It opens the door to a new stakeholder in healthcare – the commercial bank – and makes possible viable models that will encourage ongoing investment as well. Thus at an aggregate level, simplifying administrative processes will reduce transaction costs in healthcare and mitigate pressure to increase healthcare costs.

There is however another level of importance for employers. This is represented in the "Circle of Value" illustration on page 10. Using this framework we can see how the push towards medical banking is yielding new programs for employers with a direct and positive impact to human capital. This takes of the form of:

- ▶ Online access to personal healthcare records
- ▶ Use of feature-rich, easy to use, best-of-breed "health wealth portals" that are able to both motivate and educate employees to move down the risk ladder
- ▶ Horizontally integrated programs that make using consumer-driven plans easier and less frustrating to new users, increasing the uptake of these programs
- ▶ Attracting a new investment partner in human capital – the commercial bank
- ▶ The potential to better coordinate care sources in the community
- ▶ The potential to coordinate incentive programs that speed adoption of wellness and lifestyle options that move employees down the risk ladder

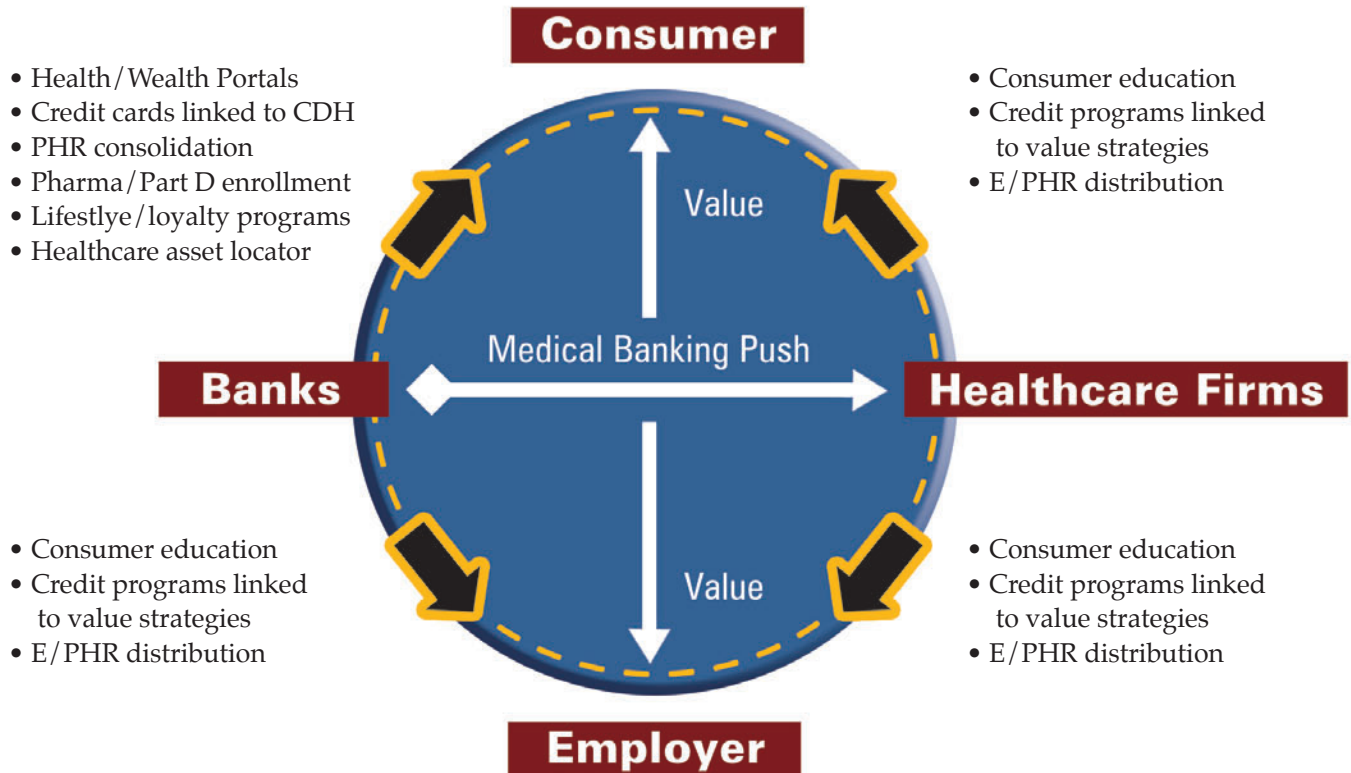


Perhaps one of the most important dynamics in medical banking is the potential to gain a new investment partner in maintaining and/or improving human capital. Employers stand to benefit in the long term by having banking partners who have an economic interest in the health of employees. By helping banks to seed into the exciting new area of medical banking, employers can gain multiple benefits for their Human Resource operations.

Consumers will find that their neighborhood bank offers exciting new tools, efficiently delivered via the online banking platform, to manage their healthcare expenses, options, investments and lifestyle research – a true “health-wealth” paradigm shift in healthcare and banking.



CIRCLE OF VALUE





SECTION 3

How Can Employers Implement New Medical Banking Programs?

First of all, it's important to note that medical banking programs are already being seeded in the marketplace. MBProject estimates that some \$200 million has already been invested by banks in this growing area and this number is increasing each month.

Yet, as is often the case, there is resistance to change. As banks engage, organizations that benefit from providing transaction architecture feel threatened, even though most banks opt to partner rather than compete with this matrix of players. In addition, much more education is needed – and motivation – to move healthcare providers to this new efficiency paradigm.

Some of the top banks in the country now offer medical banking services, permitting healthcare providers to acquire and manage all of their financial and health data transaction needs from a single source. This is a revolutionary efficiency paradigm, but its national adoption requires a strong push by the purchasers of healthcare.

To speed adoption, MBProject is pursuing the following strategies:

- ▶ Document significant medical banking initiatives in a new trade journal — The International Journal of Medical Banking – that advances the profession of medical banking; and, distribute the Journal to purchasers, policy makers, academia and other influential parties
- ▶ Forge the creation of a community of medical banking constituencies that is self-funded via annual membership fees
- ▶ Engage in targeted research and education via national/global institutes and forums, and the implementation of workgroups that create and/or recommend standards that accelerate medical banking programs, including the implementation of industry tools that can advance these standards
- ▶ Create a medical banking educational certification program that can fill critical job needs in this growing area
- ▶ Create and administer a Gold Seal program that implements critical data privacy and protection protocols in emerging medical banking programs



- ▶ Design and implement pilot(s) that demonstrate medical banking in action.
- ▶ Incorporate medical banking principles into the employer's healthcare purchasing requirements and performance assessment strategy via this Medical Banking Tool Kit.

Purchasers can pursue these strategies by joining the Medical Banking Project and/or implementing medical banking principles in the procurement process. Over 65 companies are members of MBProject today.

Ultimately, our goal with this Tool Kit is to educate all employers so that they can implement medical banking language in their contracting for healthcare services.



SECTION 4

What Areas are Being Targeted for Employer-bank Cooperation Today?

A Joint Taskgroup for Value In Health was formed between the Medical Banking Project and the Automotive Industry Action Group (AIAG) which convened three times over a period of two years to develop and finalize a series of recommendations and discrete programs that could demonstrate how employers and banks can cooperate to optimize human capital.

The programs that were isolated included:

- ▶ Support the Medical Home: Create banking tools — financial and informational — that support the emerging Medical Home format in the marketplace
- ▶ Implement High Value Tools: New high efficiency administrative tools that address both the back end and real time payment areas
- ▶ Use Card/Credit Programs: Creating health card and credit programs that simplify access to care
- ▶ Establish Education and Assistance Resources: Implement educational programs and portal, including social networking programs and virtual worlds, to explain and educate employees with valid healthcare information

The executives that participated in assessing this area in our final meeting on July 24, 2008, represent leading experts in their fields. The following section captures the key talking points from our common dialogue and a summary of findings.



GENERAL COMMENTS ABOUT MEDICAL BANKING

Key Questions/Content:

The presentation focused on the use of online banking platforms linked to personalized healthcare informatics platforms. A key area of concern that arises is privacy and MBProject's Gold Seal program that accredits medical banking constituencies for implementation of appropriate privacy and security protocols was presented.



Summary of Findings:

The participants felt that leveraging the resources of a bank – a player external to the current “healthcare establishment” – can help, especially in the area of employee education and adoption of new consumer-oriented programs. The banking industry needs to adopt the appropriate privacy and security mechanisms to instill public trust in new models. Improving areas like “information fidelity” and “health inflation” were discussed as targets for new medical banking programs.

Large automotive manufacturing concern:

We'd willing to try a new method even if it added complexity, provided that it advanced medical consumerism. What's better for consumers is best for us. We think a Medical Banking Tool Kit will be helpful. Addressing the privacy issues are critical and the Gold Seal program seems very helpful in this regard.

Tier 1 Auto-supplier:

We absolutely need a better way to communicate to our employees. If the online banking platform, that our employees routinely use throughout the week, can help to convey our messaging, we'd be interested in a medical banking program.

Top banks:

The MBProject Gold Seal program is an important designation that should be required for those offering medical banking services. We've launched web-based tools to do this already. We're embedding a tool set for payments too. Small versus large employers (500 employees) have varying dynamics. We see the challenge of introducing medical banking programs related to how closely we can align with TPAs and brokers.

Global media/health data firm:

Employers want to manage “health inflation”. They are asking what platform to leverage — Microsoft HealthVault, Google Health or could it be Medical Banking? Employers want an integrated solution that's easy to use, intuitive and provides a compelling return on investment.

Health transaction platform vendor:

One large financial services firm is 50% enrolled into HSA programs. The biggest challenge by far was communication to employees. They found that pairing down the offerings (PPOs, indemnity, HMOs, etc) really helped to speed adoption. There were too many options. In addition, matching contributions and/or paying fees helped to speed adoption.



Top health insurance carrier:

The Tool Kit should have categories of things, like describing the benefits of pairing down the offering, the importance of transaction efficiency, how to enable consumer decision-making, emphasis on primary care and more. Also need to be cautious because most consumers are terrified of making healthcare decisions. Having consumers make decisions about healthcare won't drive the price down. Finally, is "information fidelity" a good role for banks? Clearly banks have some role – healthcare has very low interoperability while banks score much more higher in this area. In addition, banks have global reach and that's important for getting to economy of scale in new medical banking models.

AIAG staffers:

How do we get the consumer engaged? What should be in the Tool Kit? How do we involve providers? Is a public Electronic Healthcare Record utility offered to physicians through banks a possibility?



COMMENTS ON THE MEDICAL HOME

Key Questions/Content:

Joe Fortuna, MD, provided an introduction to the Medical Home concept after which MBProject lead the group out on a discussion of its relevance to employers.

Summary of Findings:

The banking industry is just coming into an awareness of what "Medical Home" is and how it is being advanced in the marketplace. Most important from a medical banking perspective is how banks can help to support the medical home. Banks are able to wrap their services around a new concept (like the Family Office) to speed adoption of new models. More clarity is needed to determine how best banks can do this for the Medical Home.

Noted remarks:

- ▶ Medical banking may have an important role to help coordinate information in the community related to healthcare assets – where to find them, how to apply for them, and who can apply.
 - ▶ All customers aren't the same. There is a need to segment the population by focusing on the top 20%
 - ▶ Banks should participate and support Medical Home demonstration programs
- Banks offer a very important element to this concept: trust. Banks could offer a portal that is connected to the primary care medical home.
- ▶ The development of programs that support the Medical Home resembles how the banking and financial services industry created new programs to support the "Family Office" for wealthy families.



COMMENTS ON NEW, HIGH VALUE ADMINISTRATIVE TOOLS

Key Questions/Content:

Presentations focused on the medical banking platforms that link banking and healthcare systems to reduce end-to-end transaction costs. Both batch and real time systems were reviewed. The results of MBProject's Deductible Engine pilot program were also presented.

Summary of Findings:

Inviting a new banking stakeholder into the transaction "ecosystem" in healthcare is seen as a vital part of advancing the industry, especially in relation to reducing end-to-end processing costs. Mitigating the "paper chase" is seen as a primary objective, but close to this also using the data to position new efficiency tools for business and the consumer (for example, workflow automation for business; seeding Personal Healthcare Records for the online banking customer). New standards may be required but existing standards are the optimum way to move forward. Creating RFI/RFP standards could go a long way towards ensuring new medical banking efficiency tools are implemented.

Large bank:

The Tool Kit should help employers to ask key questions like, to what extent are you (TPA or other vendor/processor) using electronic payments? % ERAs, % EFTs? What is your plan to increase this? Should differentiate between physicians and hospitals. (This comment incorporated in the standards section of this Tool Kit.)

Large automobile manufacturer:

Information and transparency across the system is very important. Would be very helpful to have information in real time, including the deductible at point of service, the discount. Need to have more confidence in the credibility and accuracy of questionable charges on the bill.

Vendor:

Providers need to change their business practice to ask for payment up front. The standard 270/271 already has enough information to estimate payment at point of service. A banking system isn't needed – can simply use the existing health data networks. When payment is processed, then linking to the bank is required and makes sense. Eligibility data is generally available and estimator technology is evolving.

Global media outlet and health data firm:

Need a common access point for this data, not like its happening today through multiple vendor portals. The problem is if the estimator is impacting 100% of payments? 10%? Could the bank create the all-payor model in healthcare? The hold and settle transaction model at point of service is evolving in healthcare, essentially treating office visits like a hotel or restaurant transaction using actuarial estimates. Which accounts should this be linked to, HSAs, HRAs, etc? There has to be a pre-determination of the type of care.



COMMENTS ON CARD/CREDIT PROGRAMS

Key Questions/Content:

How can card and credit programs be used to influence healthier consumer behaviors? How can the bank throw its weight behind such programs? These were the questions asked during this session. In addition, the participants were asked to discuss how to create a better health plan experience – easier to engage and use – for employees.

Summary of Findings:

The group strongly felt that using the HIPAA standards is a key part of the medical banking platform. Standards for linkage to bank accounts, as well as assessing the regulations around this, need to be examined. Still one participant indicated they were able to accomplish an end-to-end payment, including moving funds from a bank account, for a very large financial services company. This type of program dramatically increased administrative efficiency. Another participant felt that linking a card and/or credit program that supports the objective of the employer can be an important benefit that delivers a win-win-win all the way around for the provider, patient and employer. This new type of medical banking platform is now being used by employers to manage and fund healthcare expense contributions.

Health transaction platform vendor: The ASC X12 835 can be used to pull funds from any account. Challenge is posting the transaction to the provider's information system. Possible to use gateway and routing strategy that allows for claims rollover; using a bin number so the HSA/HRA is just like another payor in the network. In the enrollment process, the consumer can opt to automate payment from the account-based health plan.

Large bank:

Tool kit should have questions – are you adhering to the HIPAA 835 standard so it can be used to streamline the process and reduce costs. Who will enforce this? Also need to develop a common transaction code set for bin codes. This should be a requirement that can be integrated into the standards in the Tool Kit.

Tier 1 auto-supplier:

Need to have incentives for enrolling into the HRA like baby wellness benefits. The employer can fund the account. Rewards programs are different and need to know what really works. Loyalty marketing programs should emphasis cash (cash is king). It may be too new to know how to build a program around these plans.

Global media/health data firm:

“Consumer readiness measures” were developed in Oregon and they were able to segment the market to determine the best approach for each segment. “Pachowski” concept. May not want to focus on human behavior in this group.



Hybrid card/credit vendor:

Using the major credit card platforms can streamline patient pay management and even provide easier access to mail order drugs. Can use the payroll to manage this program and create new benefits for employees. Employers are working with banks to budget funds for “pay-related banking services” and these funds become available for care; in other words, combine payroll to funding mechanisms. Interesting that 25-35% of the population can't get a Visa card with credit scores below 660. As employers shift costs to consumers, the debt situation (already 50% of bankruptcies due to medical debt) could become worse. With a medical banking program, that is much like 401(k) plans, the employer can benefit.



COMMENTS ON NEED FOR HEALTHCARE INFORMATION & EDUCATION — A KEY TO LONG TERM SUCCESS

Key Questions/Content:

Can banks join forces with employers to position online consumer tools that improve human capital? How will consumer/employers learn to use Personal Health Record applications? Can greater clarity for preventive drugs in HSA legislation, as well as educating consumers to use online comparison tools, save employers on healthcare costs? Will social networking and virtual worlds be used to educate employees, and can banks help to position these types of services?

Summary of Findings:

The group found that a key deterrent to lowering costs is education. A good example is the prescription drug delta between brand names and their generic equivalents. To solve this issue, a consumer portal has been deployed by one participant and the cost savings have been substantial – a 2 to 3% enrollment lead to a 5% drop in costs. Another participant agreed that education, especially with easy-to-use educational programs, could result in significant cost savings in the area of prescription drug utilization.

Some of the banks felt that, just like today they employ wealth advisors, it may be possible to have “health advisors” that are accessible through HSA/HRA management platforms banks are implementing so customers can better manage their healthcare spend and health account-related investments. The platform dialogued evolved when one participant suggested that banks, in tandem with employers, could implement specialized “health-wealth” portals that contain personalized healthcare informatics.

Two visionary areas were discussed: the use of virtual worlds to accelerate consumer adoption of HSA or other similar bank-related health programs and the creation of a “community care platform” to coordinate community healthcare resources, many times under utilized due to lack of awareness by the community participants.

Better coordination of care resources was found to be a primary stumbling block for improving healthcare in our communities (based on a study by the Michigan Primary Care Consortium). Moreover, banks already tend to educate individuals early in life in



relation to credit cards and may be able to layer on additional educational resources and tools to promote better lifestyle choices early in life. An economic incentive could be that more funds will tend to stay in HSAs for account holders who make better lifestyle and healthcare decisions for themselves and their families.

Pharmacy comparison service:

A legal/regulatory framework is needed so consumers can know which preventive drugs they can apply against the deductible of a high deductible health plan, so we created one and vetted with all the major pharmaceutical benefit firms. The employer benefits by promoting the most appropriate drug for employee conditions. In the short term, costs are reduced; long term, it helps employees to manage clinical/chronic conditions. Another benefit of the framework is the ability to integrate outcomes with genetic data to create effective personalized healthcare modalities. Online tools are helping people pick the right plan and the right drug. In one employer case study, 2-3% of enrollment using the tool lead to a 5% reduction on cost. We believe banks can use their tremendous marketing engine to increase use of these online tools due to consumer trust (and in their position of unbiased third party).

Tier 1 auto-supplier:

50% of our medical spending is on drugs. Why can't we have a prescription drug administrator?

Large bank:

Perhaps the best method could be to hire and train new "health advisors", just like we did with "wealth advisors".

Electronic health record vendor:

We are working on a pilot program that links a personal health record application to the online bank account. An employer is driving adoption. We need standards in this area and we need to show more value than simply giving employees access to their healthcare record. Its not a stand alone application. A MBProject – Wal-Mart – AIAG team could force standardization using a global ISO standard. We need to combine forces to gain critical mass around the standard.

Specialty consumer programming firm:

We created an area of discipline called "pharmacol economics" in which we examined the potential to use computers to help consumers make better choices. Can we create aspirational goals in a social networking world? And does eLife translate into real life? Using as a basis a program called "Games for Health", funded by the Robert Wood Johnson Foundation, we learned that unique online programs can be developed to help consumer make better wellness, lifestyle and healthcare choices.



State program:

We are concerned about the primary care “non-system” in the state of Michigan and we noted five critical barriers. The solution: create a “patient-centered medical home”. One of the critical areas is coordination of available community care assets, however, we need to develop criteria for what constitutes a “good” program.

MBProject staff:

We developed an online tool that can help to coordinate community healthcare assets, and that can be sponsored by banks. It does provide a return on investment but still in development (called “CarevilleTV”). It has three layers: a social media/TV layer (Web 3.0), an enrollment/search layer and an optional data/funds transfer layer that returns transaction revenue to sponsoring banks.

Large health insurance carrier:

This is useful to employers. Providers would pay for it.

Large bank:

After we develop the Tool Kit, who should banks talk to at the employer? Who are the people at the employer level that are interested in the short/long term impact of healthcare on operations?



SECTION 5 *Appendices*



APPENDIX A: Standards for Adoption of Medical Banking Programs

Today, there is a complex wall that separates the consumer of healthcare with the services they seek. This area involves transparency, payment systems, access to credible treatment information, access to healthcare records and more.

The design of payment systems has come under increasing scrutiny by industry trade groups. Drilling further, the way that payments in healthcare are managed in of itself is filled with cost redundancies that could be significantly mitigated by managing workflow across both the banking and healthcare segments.

Rationalizing the paper chase in healthcare, along with things like real time processing, can occur by tighter linkage between banking and healthcare systems (just like the transformation that took place in the airline industry). By advancing these standards employers can help, in a very significant way, the advancement of systemic cost efficiencies throughout the healthcare complex.

The following Standards Panel was developed by a team at the Medical Banking Project. We want to especially thank Rick Morrison, Vice President, WJM, Inc., Little Rock, Arkansas who provided so liberally of his time to create this Panel. The Panel was supervised by the Chair, Standards of MBProject's Presidents Council - Mary Rita Hyland, Vice President of Legislative Affairs, SSI Group, Mobile, Alabama.

Medical Banking Standards Panel

The Standards Panel is divided into three areas – interactions with health plans, interactions with healthcare providers and “other standards”. Not all the standards will apply to the Purchaser's operations. Again, the questions focus on the infrastructure components that lead to reduced costs for processing health claims or the development of tools that improve health and healthcare quality. The standards are framed using questions that the employer can place in their RFI/RFP programs.

Area 1: Interactions with Health Plans

Pharmacy Benefit Management (PBM) Service

- ▶ Are you willing to serve as a Fiduciary of the health plan in the administration of the prescription drug program?



- ▶ Do you have a HSA prescription drug program that provides for a “deductible accumulator” to assure the patient pays the correct amount at the point of service, not only after the deductible has been met, but also before the deductible has been met? If so, please describe.

Healthcare Payment & Remittance Advice/EOB Processing Management & Distribution Service (A payer-facing solution)

Provider Registration

- ▶ Do you provide an online portal to secure and track the provider payment and remittance advice means of distribution preferences?
- ▶ Describe the provider registration process for EFT and/or ERA distribution.
- ▶ Given the high risk of fraud (embezzlement) via online provider registration, describe in detail your process to mitigate this risk potential. Does it meet the FFIEC Guidance (Authentication in an Internet Banking Environment) for identity verification (authentication) controls?
- ▶ How many unique providers (Provider Identification Numbers) are currently enrolled/registered in your provider registry for EFT only, ERA only, both EFT/ERA?
- ▶ Describe the strategies utilized by your solution to register providers for electronic payment and/or remittance advice distribution to maximize provider adoption.

Processing Management

Describe your file conversion/translation capability (proprietary file to HIPAA-compliant 835, Excel, and other formats, and/or proprietary file to Automated Clearinghouse (ACH) file in the current NACHA format.

- ▶ Describe your process for assigning payment numbers (check and/or ACH trace numbers). Are numbers assigned by your system or the payer's system?

Note: The payer's adjudication system typically assigns each payment a check number in the claims payment extract file that is used to print the check. However, when payments are distributed by electronic funds transfer (EFT) an ACH trace number must be used rather than the check number. Vendors distributing the payments electronically typically utilize one of two approaches:

1. The vendor distributing payments via EFT may employ a methodology that incorporates the payer's assigned check number within the ACH trace number making it easy for the payer to reconcile the check number in the payer's system with the ACH trace number under which the payment was distributed.



2. If the vendor distributing payments via EFT replaces the check number with a completely different vendor-generated ACH trace number, a cross walk file needs to be provided so that the payer can reconcile the check number originally generated in the payer's system with the ACH trace number assigned by the vendor distributing the payment electronically. This issue becomes important when a provider calls the payer to ask a question about a specific payment.

- ▶ What identifiers are used in the provider matching process? Does the system require a unique tax ID per provider ID? Can the system direct payments to multiple providers having the same tax ID?
- ▶ Please describe the process when matching received payment instructions with the correct provider when multiple payers utilize the same provider registry.
- ▶ Does your system verify balancing at the service, claim, payment, and file levels? What is the process if it doesn't balance? Describe both processes.
- ▶ Describe the controls/capabilities available to the payer from the time the file leaves the payer until the ACH file has been originated and/or the remittance advice is available to the provider, and describe the payers' reconciliation process for checks and electronic payments.
- ▶ Does your system provide duplicate file and transaction safeguards?

Note: As a matter of best practices, the vendor utilized to distribute payments should screen for duplicate file and duplicate transactions to insure the same file is not processed and paid twice and/or insure that a particular claim (for the same amount) is not paid twice.

Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)

- ▶ Describe your process to alert providers of payment and/or remittance processing status and availability.
- ▶ Describe your ability to assist providers re-associate payments and remittance information when dollars and data are transmitted separately.

Electronic Remittance Advice (ERA)

- ▶ Describe the system's functionality and capability to view payment and remittance advice information for both the payer and provider.
- ▶ Indicate all remittance detail delivery options (electronic or print) that are available with your system.



- ▶ Describe the setup process utilized for those providers who desire automatic batch delivery of remittance data.
- ▶ Describe the electronic remittance advice formats available to providers or vendors.
- ▶ Identify any partners or third party arrangements that provide assistance with ERAs and briefly describe the service they provide.

Electronic Funds Transfer (EFT)

- ▶ Is the EFT process 'bank independent'? If not, what bank is used?
- ▶ During the EFT process, is the money ever held, for more than seconds, by you or any other bank or third party?
- ▶ If payers can retain the float typically incurred with mail distribution, describe the capabilities and options with EFT.
- ▶ Do you work with a partner to support EFT? If so, who and what service(s) do they provide?
- ▶ Does your system require the payer to utilize a particular bank? Please explain.

Processing, Data and Security

Please describe your HIPAA security compliance, including user authentication, authorization and access controls (Role-based security).

- ▶ Describe your data conversion process from a payer's proprietary file(s) to HIPAA-compliant 835 and Automated Clearinghouse (ACH) file in the current NACHA format.
- ▶ Can roles be used for granting access to groups of users? Can read access be separated from update/modify access?
- ▶ What types of audit reporting does the system supply for identifying security changes applied?
- ▶ What types of audit reporting does the system supply for identifying data changes applied?



HIPAA and ACH Transactions

- ▶ Describe your transaction set validation process.
- ▶ Describe your organization's testing and certification process for HIPAA transactions.
- ▶ Is your system HIPAA, ASC X12N 835 v4010a ready?
- ▶ Is your system HIPAA, ASC X12N 835 v5010 ready?

Print and Mail Distribution

- ▶ If you offer print and mail check and/or remittance advice distribution services as part of your service offering, do you perform this service or do you outsource this functionality to another entity? If you outsource this function, does your system enable print data and special print instructions to be sent and who is your preferred print and mail distribution vendor?
- ▶ Describe any unique capabilities.

Area 2: Interactions with Healthcare Providers

- ▶ Does the healthcare provider use a bank lockbox to process incoming payments and remittances? If so, is the lockbox used for consumer or patient payments, or all incoming payments including third party insurance carriers?

Note: Most hospitals and physician groups do not use a bank lockbox. As this is the starting point for realizing many of the efficiency gains in medical banking, it is important to set up a lockbox arrangement. Among those that do use lockboxes, many use it simply for the patient pay portion. This is a good start, but to get to approximate full automation, the provider needs to use the lockbox for both patient pay and insurance carrier payments and remittances. Typically, this will require a "wholesale" lockbox arrangement with a bank. There are three general types of lockbox arrangements: retail (for high volume payment processing like cable payments and utility bills where the remittance tab is highly structured and thus prone to automation); wholesale (for unstructured remittances that require manual processing, although even in this area, banks have invested in significant breakthroughs that enable automation); and "wholesale" (a combined platform of the previous two processing environments). Most providers will need to implement a wholesale lockbox for patient pay (as volumes are too low for retail lockbox set-up, however, new technology is pushing this to a lower threshold) and carrier EOB processing.



- ▶ Does the bank being used provide paper, CD images or online images with a full online archive capability back to the provider for remittance research purposes?

Note: Paper is the most expensive and least secure method for processing remittances. Capturing EOB images and placing them into a CD offers greater efficiency and more security. Doing this as well as offering online access to the remittance images through a secure portal is the best solution for remittance data delivery back to the provider.

- ▶ Does the bank being used digitize the images, creating an operational remittance file that the provider can use to automate back-end processes? If not, how does the provider accomplish remittance management?

Note: The provider may establish EDI connections directly with health plans to retrieve their remittances electronically, however, this methodology isn't available for all the plans that the provider does business with. Using a lockbox will enable the provider to approximate 100% electronification of remittance processing.

- ▶ Does the bank being used reconcile payments with outstanding claims for the provider? Describe the process of posting reconciled payments onto the patient accounting or practice management system. Are claims reconciled at the line-item level? Describe the process of managing of unidentified cash.

- ▶ Does the bank being used provide secondary billing services that the provider can use for the commercial payor segment of its business?

Note: The provider may use another vendor to provide secondary billing services. Many use a vendor for Medicare secondary billing automation, which results in much greater patient satisfaction. For non-Medicare plans, the bank, exercising its position in the claims process as first receiver of the remittance, can, teaming with an established clearinghouse, submit secondary billing direct from the specialized lockbox platform. This creates additional efficiency and promotes patient/employee satisfaction when there is another payor in the household.

- ▶ Does the bank being used provide advanced modules for claims processing, like denial management or contract management?

Note: Here again, the provider may be using another vendor for these tasks, however, the same dynamics are present; namely, the bank, teaming with an established health data clearinghouse, can use its first in line position receiving remittances to expedite both processes.



- ▶ Has the bank offering the lockbox enrolled into and received the Gold Seal accreditation seal from MBProject.

Note: A key issue arising within the medical banking domain is cross-industry compliancy – not just HIPAA, but FACTA, FFIEC, Gramm Leach Bliley, PCI and more. The Gold Seal program continuously surveys data privacy and security regulations and implements ongoing requirements into an online assessment program that is used by banks to assess risk areas. To apply for the Gold Seal program, the bank should visit www.mbproject.org.



- ▶ The bank demonstrates subject matter expertise and specialization by hiring and/or enrolling personnel in a certified medical banking educational program.

Note: As this area involves some degree of specialization, MBProject teamed with the University of Missouri's Healthcare Informatics Department to develop a new executive training program. The program provides education, training and academic oversight for executives that need to understand medical banking subject matter. Candidates that complete the program successfully are awarded a MB(CT) designation.

- ▶ The provider has implemented a medical banking platform at point of service to automate the eligibility and enrollment of patients into appropriate healthcare financing programs.

Note: New technology platforms have been implemented that can determine the credit-worthiness of individuals, enroll candidates to appropriate community programs and other functions. These processes typically are highly manual and require excessive staff time. A good example of this is the financial services firm TransUnion. While mostly known as a credit bureau, it has developed a specialized medical banking platform that enables much more efficient claims processing at point of service.

- ▶ The provider has implemented a medical banking platform that enables point of service collection of funds from insurance carriers, Health Savings Accounts or other account-based health plans.

Note: The advent of consumer-driven healthcare is creating a need for real time processing claims at point of service, especially in the retail healthcare setting. However, it should be noted that this isn't simply a dynamic generated from medical consumerism. Providers are also trying to implement real time payment solutions, and payors are coming around too. As processing a claim becomes commoditized, payors are seeking solutions that can support real time adjudication. To do this, however, requires linkage between banking and healthcare systems. This area will continue to attract interest and investment. For employers/employees, it means lower costs for claims processing, greater consumer conveniences, higher adoption of HSAs by employees, access to real time expense data (instead of guessing how much the plan



is going to pay, for example) and more. But all of these benefits are only available if the provider has implemented a medical banking platform. Employers can help to facilitate market adoption of this important emerging business practice.

Area 3: Other Standards

- ▶ The employer has plans to implement a “health-wealth” portal with a banking partner. The “health wealth” portal contains:
 - Financial and claims data
 - Health information and research assistance
 - Access to price comparison tools for healthcare treatments
 - Access to quality comparison tools of healthcare providers
 - Access to a database of community healthcare resources
 - Access to potential sources of healthcare funding from the community
 - A personal healthcare record application



APPENDIX B: Sample Contract Language

Purchasers may wish to utilize one or more of these requirements in their contract language.

- ▶ The insurer/provider/TPA shall use a bank that has implemented specialized medical banking services, including a specialized lockbox, a specialized point-of-service platform, etc.
- ▶ The insurer/provider/TPA shall use a bank that has enrolled and received the Gold Seal industry accreditation program offered by the Medical Banking Project.



APPENDIX C: Template Request for Information (RFI)

In addition to the Standards Panel, the employer can use these general questions to ascertain the vendor's level of participation in medical banking programs.

What is the extent and nature of participation in medical banking programs?

- Name of Bank(s)
- Processing what kinds of transactions
- Volume of transactions
- Length of relationship
- Plans to enhance or develop the relationship?

What programs are currently implemented and in use? Please describe the extent of use for the areas listed below:

- Imaging Explanation of Benefit/Payment forms
- Digitizing EOB/Ps: What is the pass through rate? How are exceptions being managed?
- Integrating EOB/P data into provider workflow:
- Posting automation: All / Partial / None
- Contractual allowance processing
- Reject note posting
- Financial class updates
- Secondary billing
- Denial management
- Contract management
- Business intelligence
- Other

Will consumers/employees have access to a personalized health informatics platform via an online billing platform?

- Just Personal Healthcare Record
- Access to personal and/or family healthcare and/or wellness research information
- Access to financial tools
- Access to provider comparison tools
- Access to treatment tools
- Lab information is integrated (automatically)
- Card is linked to portal



Describe the electronic claims clearinghouse capability of your organization. Do you have a program (for example, working with a bank or financial service vendor) that helps payors to implement the 835 electronic remittance advice.

- How many remittances are processed this way?
- Is the program fully electronic?
- How many remittances are received into the lockbox?
- How many remittances received into the lockbox are digitized? Please provide examples.

What educational and/or implementation assistance is being provided to healthcare givers to assist in adoption of the digital platform? Please specify what is being provided, dates, number of people enrolled and results if any.

Has the vendor/bank enrolled into the MBProject Gold Seal program? At what stage of completion?

Has the vendor/bank employed Medical Banking Certified personnel for key positions?

What are the plans by vendor/bank to further integrate their services? What are the prospective cost benefits for doing so? How will this impact services? When will the new benefits be made available?

How wide is the coverage area of the medical banking services? Are there plans to increase the coverage area? If so, what are these plans?



APPENDIX D: Examples of Medical Banking Initiatives

NAME	OVERVIEW	TYPE OF INITIATIVE	STATE/REGION
BNY Mellon & SSI Group	<i>Program that links all imaged and digitized EOB/Ps with 835s to create one consolidated remittance file.</i>	Multi-payer in a hospital network setting.	Pittsburg
InstaMed	<i>Program that provides real time claims settlement for patients that enter hospital through emergency room.</i>	Multi-payer	Philadelphia
E-Duction	<i>Multi-purse HSA debit card, with pre-tax overdraft line of credit</i>	Single payer	National
USHealthrecord.com	<i>Linking electronic and personal health record platform to online banking.</i>	In planning stages	Northern Arkansas
Internet Payment Exchange	<i>Payment services including Web and POS systems complemented by a billing document archive. Supports electronic 'Family Billing'. Merge and payment allocation services for combining physician and hospital bills into single statements.</i>	Access to billing documents and services for accepting the self-pay portion of bills	Multi-state program
CareMedic	<i>Program that automates EOB acquisition and 835 retrieval, EOB conversion, EOB/835 viewer, remittance posting and remittance data analytics and dashboard</i>	Multi-provider in institutional and physician environments.	National



APPENDIX E: Executive Participants in the Joint Taskgroup

NAME	TITLE	COMPANY
Alan Mindlin, MD	<i>Immediate Past President</i>	Michigan State Medical Society
Ann Mond Johnson	<i>Chair, Health Futures, Subcommittee of President's Council</i>	Medical Banking Institute
B.P. Fulmer	<i>President of President's Council</i>	Medical Banking Institute
Carol Callaghan, MPH	<i>Coordinator, Michigan Primary Care Consortium and Director, Division of Chronic Disease and Injury Control</i>	Michigan Dept of Community Health
Catherine Schulten		Edifecs
Cheryl Cabner	<i>CDH Manager</i>	ABN AMRO (LaSalle Bank)
Chris Ward	<i>Senior Vice President, Treasury Services Division</i>	Wachovia
Daniel Kelly	<i>Senior Vice President, Health Savings Solution</i>	US Bank
Darla O'Donnell	<i>VP, Product Engineering</i>	OptumHealth Financial Services
Dave Lalain Group	<i>Business Unit Director</i>	Automotive Industry Action
David Harris	<i>National Healthcare Revenue Cycle Partner</i>	PricewaterhouseCoopers
Dean Mason	<i>President</i>	Exante Bank/United Healthcare
Dr. Beverly Blaney	<i>Executive Physician</i>	Ford Motor Company
E Scott Sharland Group	<i>Executive Director</i>	Automotive Industry Action
Ed Dodds	<i>Conmergence strategist</i>	Conmergence
Evelyn Casillas	<i>Manager, Operations & Programming</i>	Medical Banking Project
Frank Camito	<i>Assoc. Director, Health Care Benefits</i>	DaimlerChrysler Corp
G. Tom Welsh	<i>Director, Payroll, Benefits & HRIS</i>	PPG Industries
Gary Adams		United Healthcare – Behavioral Health
Gina Dibella	<i>Director, Finance & Reimbursement</i>	Metropolitan Chicago Healthcare Council
James Patterson	<i>Director Total Health Mgmt</i>	ArvinMeritor Inc.
Janet Pruitt	<i>Contractor</i>	Visa U.S.
Jim Yocum	<i>EVP</i>	DestinationRx
Joe Fortuna, MD	<i>Co-Chair, Health Focus Group</i>	Automotive Industry Action Group



NAME	TITLE	COMPANY
John Casillas	<i>Executive Director & Founder</i>	Medical Banking Project
John Hardin	<i>B2B Product Manager</i>	Sun Microsystems
John Herrick	<i>VP, Employer Relations</i>	Novartis
Joseph Donlan	<i>VP, Business Development</i>	Subimo
June St John	<i>Sr. Vice President, Treasury Service, Healthcare Product Manager</i>	Wachovia
Kelly Alpert	<i>Vice President, Product Coordination</i>	Visa U.S.A.
Larry Yuhasz	<i>Director, Strategy & Business Dev.</i>	Thomson Reuters
Leighton Read, MD	<i>General Partner</i>	Seriosity
Mark Keck	<i>EVP</i>	TriHealix
Maureen Turo	<i>Vice President & Healthcare Market Specialist</i>	Bank of NY Mellon
Mike Prusak	<i>Director of Product Development</i>	Automotive Industry Action Group
Nancy Malo	<i>Administrative</i>	Automotive Industry Action Group
Nav Ranajee	<i>Vice President, Healthcare Strategy</i>	ABN AMRO (LaSalle Bank)
Patti Velasco	<i>Director, Sales & Marketing</i>	ACS – EDI Gateway
Paul Chicos	<i>President & CEO</i>	E-Duction
Paula Fryland	<i>Senior Vice President & Managing Director – Corporate Banking</i>	PNC Bank
Richard S Frank MD	<i>Medical Director</i>	UnitedHealthcare/Midwest Security
Ron Tillinger	<i>Program Manager, Health Focus Group</i>	Automotive Industry Action Group
Shannon Williams	<i>COO</i>	USHealthrecord.com/MaxSurg Inc.
Sou Chon Young	<i>Sr. Associate</i>	PricewaterhouseCoopers
Susan Mace	<i>Strategic Financial Manager</i>	US Bank
Tim O'Donnell	<i>Case Study Strategist</i>	PricewaterhouseCoopers
Toby Rogers	<i>EVP Commercial Markets</i>	DestinationRx
Tom Hricik	<i>Mellon HSA representative</i>	ACS - HRO
Vincent Marzula	<i>Vice President, Treasury Management eHealthcare</i>	PNC Bank
Von Burba	<i>Employer Integrated Solutions, EVP, Marketing & Sales</i>	Benefit Harbor
Walter Talamonti, MD	<i>Medical Director</i>	Ford Motor Company