

INSIDE CONSUMER-DIRECTED CARE

News and Analysis of Benefit Design, Contracts, HSAs, Market Strategies and Financial Results

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The next issue of *ICDC* will be dated May 8.

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Satori Leverages HRAs to Help Employers, Workers Split Savings From Medical Tourism

A startup company is banking on its small network of elite overseas hospitals plus a unique employer health reimbursement arrangement (HRA)-linked health benefit to carve a niche for itself in the outbound medical tourism business.

Satori World Medical, based in San Diego, recently launched its Health & Shared Wealth program, a patent-pending approach that enables employers to offer a 100% overseas medical travel benefit to their employees. Leveraging the significant savings Satori says it is offering for a range of traditional medical procedures performed at its network hospitals, employers can share with their employees a fixed dollar amount or a percentage of the savings realized by using the benefit. The predetermined savings amount is deposited in the employee's HRA account. The employer can then "reinvest" what it calculates to be the rest of the savings.

"It's a unique business model that allows employers as well as employees to share in the savings," Steven Lash, Satori president and CEO, tells *ICDC*. "It can work with any high-deductible health plan, a regular health plan and an HSA." But Lash says that while the company also filed for patent protection for an HSA-linked product, Satori is focusing on the HRA model because it offers employers a tax-advantaged approach.

While other medical tourism companies also promote their services as a benefit for employees enrolled in high-deductible health plans (HDHPs), Satori's approach is unique in its shared-savings focus.

Lash and his partners launched Satori last year after spending two years researching the market and developing the company's provider network. Lash previously was executive vice president and CFO of a physician practice management company and, before that, senior vice president and CFO of Sharp Healthcare in San Diego.

continued on p. 6

Health Plans Are Falling Short on Engaging And Empowering Their CDH Plan Members

If the goal of consumer-directed health (CDH) plans linked to health savings accounts (HSAs) and health reimbursement arrangements (HRAs) is to create empowered consumers who are more engaged in their health-related finances, there have been some notable successes. But overall the results have been mixed. And by some measures, consumer engagement levels actually dropped last year, according to a new report from Forrester Research.

The report notes that almost 40% of non-elderly commercially insured adults now own some kind of health spending account. And Forrester's research, plus recent semiannual surveys conducted by *ICDC*, suggest that these accountholders have amassed close to \$8 billion in their accounts (*ICDC* 3/20/09, p. 1 and 4/3/09, p. 1). But while health spending account holders may be more engaged in their health-related finances than their non-spending account-holding counterparts, it's nothing to write home about. The reason for the slippage, says Carl Doty, a Forrester-

er vice president and research director and the report's co-author, is that health plans are failing to leverage their customer analytics to target and engage these members with the right kinds of messaging.

"Most health plan contact with their members comes through the EOB [explanation of benefits], which most people don't read," Doty tells *ICDC*. "These plans are still caught in a B2B [business-to-business] mindset when they should be operating from the D2C [direct-to-consumer] mindset."

Analyzing its North American Technographic health care data, Forrester found that non-elderly health spending account holders tend to be slightly younger and wealthier and more apt to be partnered than their counterparts (see table, p. 4). They are also more likely to be Internet-savvy and online several times a day, and have broadband access at home. HSA holders tend to be slightly younger than those with HRAs. And both HSA and HRA holders are more likely to be influenced by brand and image. The last find-

ing is key, because it means that HSA marketers have a captive audience if they can target the right consumers with the right messaging.

The report also says that while flexible spending accounts (FSAs) may have the deepest market penetration of all health spending vehicles, FSA account ownership is stagnant. On the other hand, enrollment in HSA- and HRA-based plans is growing at a healthy clip.

HSA account ownership does translate into increased engagement in health care financing, the report says. In fact, consumers holding HSA and HRA accounts tend to be the most engaged of all U.S. online adults in their health finances. But overall engagement rates are not all that impressive (see chart, p. 3). And Doty says that's because insurers haven't yet cracked the code on how to get — and keep — consumers engaged in their health care finances.

One example of the failure to engage: While HSA account holders visit their insurers' Web sites more frequently than their peers do, overall site use by this techno-savvy group is still very low. And well over half of those surveyed said they had not visited their insurer's site in the past 12 months.

Employees Are Apathetic About Wellness

The report does acknowledge that health care direct marketers have inherited some very difficult and deeply rooted problems. *Among them:* Consumers don't trust health insurers, they remain uneducated about health care coverage and personal health care finances, and they are apathetic when it comes to improving their health status to prevent chronic illness.

That last point should come as no surprise to direct marketers, according to Doty. And it points to the significant challenges employee wellness initiatives face. "Health plans keep saying that they have to improve consumer engagement and that one of the best ways to do this is by engaging them in wellness initiatives," Doty says. "The data tell me that consumers don't care about wellness. Employers do. But while most [male] employees may hear the [wellness] message, they also ignore it, just as they've been ignoring the messages they've been getting about smoking, dieting and exercising from their spouses year after year."

How can you engage CDH plan members most effectively? "Show them how, over time, they can use their CDH plan, including its wellness benefits, to help them save money on health care costs," Doty recommends. "Educate them on the positive tax implications of their account and how to use it most effectively to save money."

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Doty's take-away message for health plans: If you want to engage and empower your members, shift from a B2B to a D2C marketing mindset. "A lot of health plans use standard metrics like customer satisfaction and abandonment rates to measure their relationship to customers," Doty says. "But most consumers interact with their health plans less than five times a year, and they're very likely to say they're satisfied, so this is not a good measure." A D2C approach, however, is built around customer-centered relationships, Doty says, and this means peeling back the layers of a plan's customer data.

"Health plans really don't have a good handle on how much customer data they actually have and the kinds of insights they can derive from that data," Doty says. "They haven't scratched the surface in terms of leveraging their customer databases to develop customer contact strategies."

One strategy for doing this, Doty suggests, is to follow the lead of consumer-centric trailblazers like Procter & Gamble, Harrah's Entertainment, Inc. and GEICO. He says that many consumer-centric companies like these have consolidated anyone who touches customer data — database marketers, consumer market researchers, customer relationship management (CRM) people — under a single manager to facilitate the customer analytics function. "Corporations are moving in this direction," Doty says, "and health plans need to start thinking this way."

Contact Doty at cdoty@forrester.com. You can also follow him on Twitter at <http://twitter.com/carldoty>. ♦

Online Health Community Uses Medical Students to Field Questions

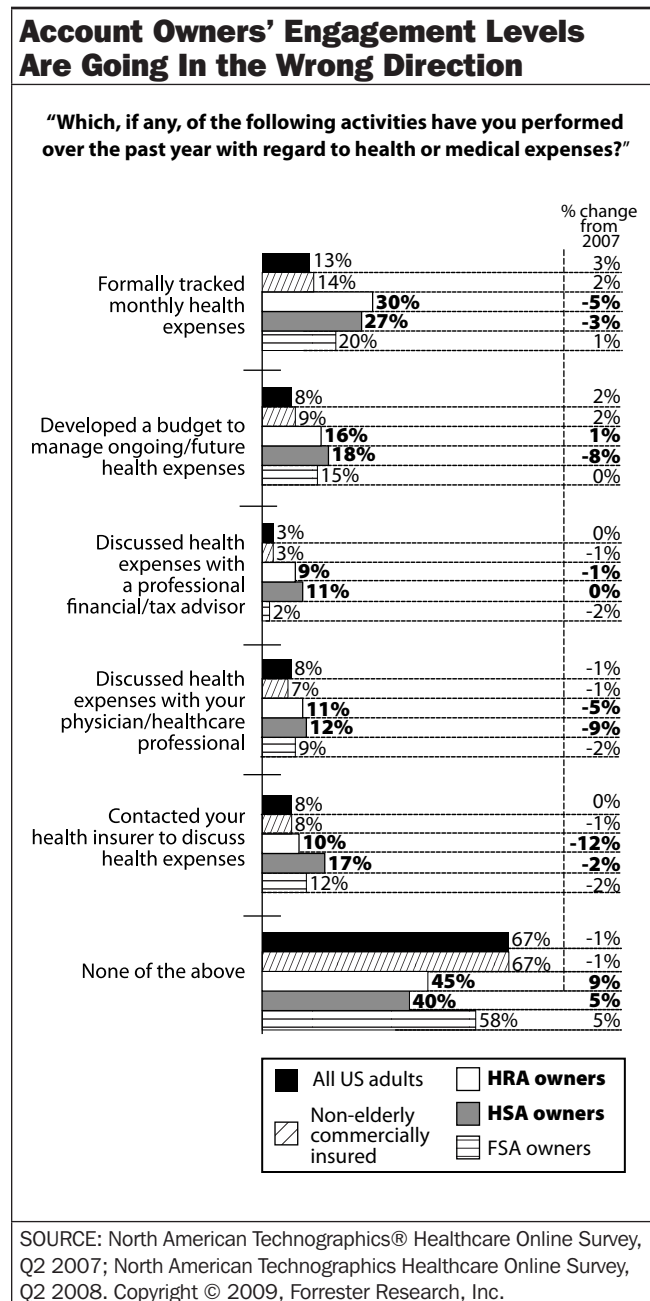
Capitalizing on the growing consumer demand for reliable online health and medical information, Healia.com, a health information Web site with multiple health communities and support groups, has added a free question-and-answer (Q&A) feature staffed by medical students, interns and residents.

The Bellevue, Wash., company announced on April 2 that through a partnership with the American Medical Student Assn. (AMSA), Healia.com now has AMSA members available 24/7 to answer questions from the public about their symptoms, what kind of physician they should see for treatment, and other common health concerns and issues. The Q&A feature also allows users to view the profiles of the medical students who are posting answers to their questions. Healia says this approach addresses growing consumer and health professional concerns about the reliability of information obtained on numerous health Web sites.

Students will answer only questions they are qualified to address, according to the company.

Healia's existing bank of health professionals will continue to answer questions about technical health and medical issues and diagnoses. All medical students staffing the panel will be trained in health counseling and patient education before they can start answering questions, the company says. The Healia site already houses more than 250 communities focusing on various medical conditions. The site can be accessed at <http://communities.healia.com>.

Contact Tom Eng at (425) 646-6030. ♦



Consumer Demand for PHRs, Online Engagement Tools Is Growing Rapidly

A study released April 6 by the Deloitte Center for Health Solutions says that consumers are hungry for personal health records (PHRs), online tools and a variety of other services designed to help them become more engaged and empowered health care purchasers.

The survey of more than 4,000 U.S. consumers found that while only 9% of consumers surveyed have a PHR, 42% say they're interested in creating one that can connect online to their physicians. And 55% of those surveyed say they want to be able to communicate with their physicians via e-mail to make appointments, exchange health information and get answers to their questions.

While 38% of consumers surveyed say they are worried about the privacy and security of their medical information during online transactions, 24% say they have no concerns. And interestingly, the survey found that women over the age of 65 and men between the ages of 18 and 24 are the least risk-averse on sharing personal health information online. Women also are more likely than men to seek online access to physicians, medical records and tools.

A surprising 68% of consumers surveyed said they are interested in home or remote monitoring devices that would allow them to monitor their conditions and send the results electronically to their physicians. Interest in these devices is particularly high among older adults (78%) and those with chronic conditions (75%).

According to the survey, 30% of consumers said they compared physicians online before selecting one,

and 60% of those surveyed said they had looked online for treatment options last year. A small but growing number of consumers also reported looking for quality and cost information about specific physicians and facilities.

The *2009 Survey of Health Care Consumers: Key Findings, Strategic Implications*, is the second annual survey of health care consumer attitudes, behaviors and unmet needs conducted by Deloitte. The report can be viewed at www.deloitte.com/dtt/section_node/0,1042,sid%253D80772,00.html. ✧

Health Reform Update

Bipartisan Bill Pushes Employee Wellness Front and Center

In an effort to bring wellness and prevention front and center in the health reform debate, Sens. Tom Harkin (D-Iowa) and John Cornyn (R-Texas) and Reps. Mary Bono Mack (R-Calif.) and Earl Blumenauer (D-Ore.) have reintroduced the Healthy Workforce Act (H.R. 1897, S.803.) The bipartisan group announced the reintroduction on April 2.

The bill, originally introduced in 2007, would amend the IRS code to provide a tax credit for 50% of the cost employers would incur in offering "effective and comprehensive" wellness programs for their employees. Businesses would receive a credit for incorporating certain health management practices, including health risk assessments, employee education, behavior change programs and incentives for participation, into the plan design. Tax credits would be available for the year following the program's implementation.

Demographic Profiles of Health Spending Account Owners

	All U.S. adults	Non-elderly commercially insured	HRA owners	HSA owners	FSA owners
Male	50%	50%	58%	58%	57%
Married/living with partner	64%	70%	75%	79%	80%
Mean household income (US\$)	\$78,000	\$92,000	\$90,000	\$110,000	\$109,000
Mean number of kids younger than 18 living in household	2	1	2	1	2
Mean age	44	41	40	38	41
Online several times a day	76%	80%	85%	85%	85%
Broadband users	76%	80%	75%	81%	85%
Gen Y (18-28)	19%	17%	16%	17%	11%
Gen X (29-42)	31%	38%	40%	52%	43%
Younger Boomers (43-52)	20%	24%	29%	22%	29%
Older Boomers (53-63)	18%	19%	16%	10%	17%
Seniors (64+)	12%	1%	0%	0%	0%

Base in survey: U.S. online adults

SOURCE: North American Technographics® Healthcare Online Survey, second quarter 2008. Copyright © 2009, Forrester Research, Inc.

While the 2009 version of the bill has not yet been published, the 2007 version capped the credit amount at \$200 per employee for businesses with 200 employees or less, and \$100 per employee for businesses with 200 or more employees.

Observers note that while the legislation enjoys bipartisan support, there is still disagreement over how to fund the cost of the tax credits. The original bill died in committee in 2007.

To check the status of the bill, visit <http://thomas.loc.gov/>. ♦

Slow Retail Clinic Growth Creates a Market-Share Window for Providers

Growth in the retail clinic industry has slowed considerably, and this creates an opportunity for physicians and hospitals to take steps to protect their market share.

According to *Merchant Medicine News*, retail clinics may have achieved significant market penetration in the nation’s 50 top metropolitan areas. But a large number of cities in the top 100 metropolitan area list have few, if any, retail clinics. Tom Charland, CEO of Merchant Medicine, a research and consulting firm, says that several large metro areas, including Seattle, Portland, San Antonio, Rochester, N.Y., and Charleston, S.C., still lack retail clinics. And when metro areas are measured by the number of clinics per 100,000 population, it becomes obvious that several large markets, including San Francisco, Dallas-Fort Worth and St. Louis, register little or no competition.

Charland says the data indicate that the retail clinic market is taking a breather. *His advice for physi-*

cians and hospitals that have not seen retail clinics spring up in their area: Take advantage of the lull and begin implementing retail-clinic-like services to protect your market share.

Contact Charland at (651) 483-0450. ♦

Small-Group Employees Are Likely To Choose HSA Plan When Offered

A survey of health plans offering coverage in the small-group market during 2008 finds that health insurance plans are moving toward hybrid benefit designs, resulting in traditional HMO plans offering high-deductible health plans (HDHPs) linked to health savings accounts (HSAs). Additionally, some HSA-linked HDHPs are offering network-based benefits and disease management programs. The survey also found that when employers offer HSA-linked HDHPs, a relatively high percentage of employees chose the option.

The report of the survey, released last month by trade group America’s Health Insurance Plans’ Center for Policy and Research, includes data from 23 member plans. The data encompass 761,000 small groups (50 or fewer employees) reflecting almost 5 million employees and 3.9 million dependents. Most companies had 10 or fewer employees.

Among the responding small groups, 7% of employees had an HSA with a qualifying HDHP. While most small employers offered their employees only one health plan, employers who offered an HSA/HDHP option tended to offer additional coverage options as well, typically an HMO and PPO. And when given a choice of health plan options (HMOs, PPOs

Benefit Characteristics by Product, Small-Group Market, 2008			
	HSA/HDHP	PPO	HMO/POS
Average Deductible (Single)	\$2,179	\$1,059	\$1,020
Percent with a Deductible	100%	88%	66%
Average Annual Out-of-Pocket Maximum	\$2,866	\$2,636	\$2,284
Percent with an Out-of-Pocket Maximum	100%	94%	92%
Average Coinsurance Level	22%	21%	23%
Percent with Coinsurance	29%	83%	54%
Average Lifetime Maximum Benefit	\$4,875,045	\$4,793,935	\$4,517,261
Percent with a Lifetime Maximum	86%	84%	67%
Average Primary Care Office Visit Copayment	\$28	\$23	\$22
Percent with Primary Care Copayment	22%	94%	99%
Average Specialist Visit Copayment	\$34	\$30	\$33
Percent with Specialist Copayment	7%	93%	98%

Note: The average deductibles for HMO/POS and PPO plans were calculated among plans with a deductible, thereby excluding those with no deductible or those which reported a deductible of zero.
 SOURCE: America’s Health Insurance Plans, March 2009.

and HDHPs), 42% of enrollees selected the HSA/HDHP option. Only about 1% of employees were enrolled in HDHPs linked to health reimbursement arrangements (HRAs).

The survey found that the average HSA plan had an individual annual deductible of almost \$2,180 but relatively small cost-sharing requirements above the deductible (see table, p. 5). The average annual out-of-pocket limit for the HSA plans in the small-group market was approximately \$2,850. The report notes that the deductible for HSAs/HDHPs may be viewed as the main form of enrollee cost sharing, and once the deductible is met, cost sharing requirements are small.

The report, *Small Group Health Insurance in 2008: A Comprehensive Survey of Premiums, Product Choices, and Benefits*, can be accessed at www.ahipresearch.org/. ♦

Employees Share in Tourism Savings

continued from p. 1

Satori offers deeply discounted rates but only on traditional cardiac, orthopedic, spinal, weight loss and women's health procedures at its network hospitals in Costa Rica, India, Mexico, the Philippines, Singapore, Thailand and Turkey.

Employers can offer the Satori benefit to their employees without a deductible or copayment. When an employee chooses to use the benefit, Satori operates much as other medical tourism companies do by arranging for the procedure, travel and follow-up care. Satori also handles the entire billing process for the employer.

But the similarities end there. Using hip replacement surgery as an example, Lash says that while the procedure typically costs \$60,000 in the U.S., with the patient paying \$2,500 out of pocket, that same procedure, including travel and other related expenses, costs \$20,000 at a Satori network hospital. The patient pays nothing for the procedure. And the employer and employee both share in the resulting \$40,000 savings at a predetermined rate. Lash says that if the company returns a percentage of the savings to the employee, say 20%, the employer then deposits \$8,000 into the employee's HRA for future use. Or the employer could select a predetermined amount to be deposited in the employee's account.

Lash says the advantages of this approach for the employer include being able to offer a 100% benefit to employees without a deductible or copay, and the ability to share in the savings. The HRA funds also are tax-deductible for the employer. And because HRAs are not portable, they can be used as an employee retention tool. Employees, meanwhile, can use the money depos-

ited in their HRAs to offset future premiums, deductibles and other out-of-pocket costs.

Last month, McGregor & Associates, an employee benefits consulting firm specializing in working with public-sector employers, began offering the Satori network to its contracted employers and employees as well as its own staff. On April 1, P5 Health Plan Solutions (P5), a third-party administrator (TPA) for self-funded health plans, began offering Satori's network to its clients and their employees.

Lash notes that employers pay nothing for adding the network to their existing health benefit plan design, and that Satori does not take any share of the savings. Rather, Satori's income derives from a set markup on each procedure.

Only the Best Need Apply

Satori says it also is concentrating on recruiting a limited number of hospitals for its network, targeting those that have demonstrated outstanding quality. "When it comes to recruiting hospitals, we replicate what domestic health plans require of their network providers," Lash says. This, he adds, results in a network of providers with leading quality indicators "that are better than you'll find at many major hospitals here in the U.S."

The company now has 14 providers in its network in seven countries, and is reviewing hospitals in Malaysia, South Korea and Vietnam to round out the network. It plans to add a Johns Hopkins-affiliated hospital in Panama. But while Lash says there are more than 200 overseas hospitals accredited by the Joint Commission International (JCI), Satori will end up with no more than 20 of those hospitals in its network so that it can offer access to what Lash calls "the best of the best."

Satori also will be adding to its menu of procedures. *Among the additions:* prostatectomy and plastic surgery, although the latter cannot be included in the Health & Shared Wealth program since it is an excluded benefit under Sec. 213(d) of the tax code. Lash says Satori is offering plastic surgery in response to employer demand for the benefit.

Will Satori enter the domestic medical tourism market, as some medical tourism companies have done recently (*ICDC 1/23/08, p. 1*)? "I don't think [domestic tourism] is a viable business model, so we're not looking at the option," Lash says. "Domestic hospitals can drop their rates only so far, and we wouldn't be able to offer employers the significant savings we currently offer them."

Contact Jessica Yarbrough for Lash at j.yarbrough@satoriworldmedical.com. ♦

INDUSTRY NEWS

◆ **Yelp has agreed to let health care providers and other small businesses respond to negative reviews on its Web site.** Two posts on the site about alleged bad service by two health care providers recently prompted threats of lawsuits against the people posting the reviews (*ICDC 1/23/09, p. 7*). Until now, targets of bad reviews could not respond except by updating their own profile pages and privately contacting the reviewers. Now Yelp has agreed to allow business owners to use the public comment section to correct inaccuracies, offer their versions of the event in question, and tell how they have addressed the complaint. Yelp, as is its policy, will not screen the comments before posting. Visit Yelp at www.yelp.com.

◆ **The Military Health Service (MHS) is extending its use of personal health records (PHRs) as part of a pilot test at Madigan Army Medical Center in Tacoma, Wash.,** according to *Government Health IT*. The pilot is using the MiCare PHR as part of the military's larger PHR pilot test, launched in December 2008 (*ICDC 12/19/08, p. 7*). Using the Madigan-based pilot, the MHS will partner with the National Naval Medical Center in Bethesda, Md., to test the effectiveness of using a PHR for a "medical home" project. The pilot will test the use of PHRs among 10,000 patients. A second pilot will involve Riverside Health System, an integrated provider organization in Hampton Roads, Va. The Riverside pilot will test the feasibility of PHRs as a central resource with users who receive care across Dept. of Defense, Veterans Administration and private health care providers. The Riverside pilot is expected to launch by the end of this year. The news of the pilot expansions appeared on www.govhealthit.com on April 8.

◆ **HealthEquity has incorporated the Consumer Advantage suite of personalized online health information tools into its HEQ Fusion platform.** HealthEquity is a personal health care financial services company. The Consumer Advantage suite is a product licensed by Thomson Reuters Information Solutions. Consumer Advantage allows individuals to access personalized information based on their claims data plus specific details of their insurance coverage and medical needs. HealthEquity clients, including health insurers, benefits administrators, employers and financial institutions, can now offer customers access to the tool for use in making decisions related to their HSA, HRA and FSA accounts. For more informa-

tion, contact David Wilkins at david.wilkins@thomsonreuters.com.

◆ **The American Medical Association (AMA) joined the rapidly growing number of Tweeters by launching a Twitter profile page on April 1.** The AMA says it will tweet timely AMA news and updates on topics of interest to the medical profession. Its first tweet announced the AMA's new online e-prescribing learning center for physicians. Growing numbers of health insurers are flocking to Twitter (*ICDC 4/3/09 p. 1*), following the lead set by hospitals, many of which began tweeting soon after Twitter launched. *Among the top hospital tweeters:* Henry Ford Health System, Mayo Clinic, M.D. Anderson Cancer Center and Scripps Health. Visit the AMA's profile at <http://twitter.com/AmerMedicalAssn>.

◆ **Aetna Inc. has unveiled its enhanced version of Aetna SmartSource, its personalized health and health benefits search engine for its members.** Aetna launched SmartSource as a pilot in March 2008, testing it among 980,000 members and 19 large national customers. Based on the successful test, including feedback from members using the tool, Aetna is now making the search engine available to 7 million members. Aetna says it plans to make the tool available to all users accessing Aetna Navigator, the company's secure member Web site, by next year. SmartSource connects members to health information and Aetna programs and resources using search results tailored to the member's gender, age, ZIP code, health plan and data from the member's PHR. For more information, contact Kate Prout at ProutKF@aetna.com.

◆ **RedBrick Health said on April 1 that it has raised \$15 million to expand its business.** The cash-for-equity investment round was led by new investor Kleiner Perkins Caufield & Byers, of Menlo Park, Calif. Existing RedBrick investors Fidelity Ventures, Highland Capital Partners and Versant Ventures also participated in the new round of financing. RedBrick says the money will be used to help market its Health Earning System product, now being used by self-insured employers, including Target Corp., Hannaford Bros. Co. and Welch Allyn. The tool uses a personal and financial rewards system as the basis for tailored health programs and advocacy services that can lower an employer's insurance premiums through employee healthy behaviors (*ICDC 2/6/09, p. 1*). For more infor-

INDUSTRY NEWS (continued)

mation, contact Jon Zurbey Haberman at jon@modernstorytellers.com.

◆ **New York Presbyterian Hospital has begun making the medical records of its cardiac and cardiothoracic patients available to them online through Microsoft Corp.'s HealthVault personal health information tool.** Starting April 6, the hospital's cardiac patients can access their medical records online and then copy them into their PHRs so they can be shared with other health providers. The pilot builds on the hospital's use of electronic health records. Cardiac patients can access their records through www.myNYP.org, a free portal where patients can access their medical records, store their information, share information with other providers and family members, and find informational and educational resources about their health conditions and the hospital. The site features Mehmet Oz, M.D., a heart surgeon at the hospital, explaining the service and its benefits.

◆ **CVS retail pharmacy customers can now import their prescription and medication records into their Google Health PHR accounts.** Customers can sign up for the feature on the retail pharmacy network's Web site (www.cvs.com), where their identity will be authenticated. CVS already offers this feature to employees receiving pharmacy benefits through CVS Caremark Corp. The addition of the retail pharmacy network extends the PHR service to all CVS customers, including those visiting its MinuteClinic retail health centers. Contact Carolyn Castel at ccastel@cvs.com.

◆ **OptumHealth Inc. has announced that brokers can now offer the company's tax-advantaged health accounts and benefit administration services, including COBRA benefits, through A.D.A.M.** The OptumHealth services include educational tools to help employees make health care decisions, and access to information and other tools that will help them plan, save and pay for out-of-pocket expenses, including help with their FSAs, HSAs and other tax-advantaged accounts. A.D.A.M.'s clients also will be able to offer access to COBRA administration services. OptumHealth is a business unit of UnitedHealth Group. A.D.A.M. is a provider of health information and benefits technology solutions to the health care industry. Contact Brad Lotterman at brad.lotterman@optumhealth.com.

◆ **Google Inc. and Microsoft are claiming that they are not covered entities or business associates under the HITECH provisions of the American Recovery and Reinvestment Act of 2009, and that as a result, Google Health and Microsoft's HealthVault are not covered by HIPAA privacy regulations.** Title XIII of the economic stimulus law extends HIPAA privacy protections to third-party data repositories and electronic prescribing networks (*ICDC 3/6/09, p. 4*). But *BNET Healthcare* reported on April 7 that Google Health is arguing that because its product is offered directly to consumers, it is not covered by HIPAA. BNET adds that Microsoft's Health Solutions Group, is making the same argument. Mayo Clinic, meanwhile, reportedly has delayed its HealthVault launch until it decides whether Microsoft is a business associate under HIPAA.

◆ **Alliance HealthCare, Inc. said April 1 that it had completed its acquisition of Access Plans USA, Inc.** Access Plans markets health insurance and develops and distributes consumer-driven discount plans in the medical, dental, pharmacy and vision care areas. It also manages its own proprietary dental and vision networks. Under the terms of the agreement and plan of merger filed with the SEC, Allied HealthCare issued 6.8 million shares of its common stock to holders of Access Plans common stock. The acquisition also resulted in several changes to the Alliance HealthCare board of directors. For more information, contact Nancy Zalud at (972) 915-3218.

◆ **Fidelity National Information Services, Inc. (FIS) announced April 1 that it is acquiring Metavante Technologies, Inc.** Under the terms of the agreement, Metavante shareholders will receive a fixed exchange ratio of 1.35 shares of FIS common stock for each share of Metavante common stock they own. FIS provides core and transaction processing services, card issuer solutions and outsourcing services to financial institutions. Metavante provides banking and payment technologies to financial services firms and businesses. The transaction will be structured as a tax-free reorganization under which Metavante will be merged with and into a newly formed FIS subsidiary. According to FIS, the acquisition will create the market's largest provider of integrated payment systems and financial core processing services. The April 1 Webcast is available for viewing until April 30 at www.fidelityinfoservices.com. For more information, contact Mary Waggoner at (904) 854-3282.

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