

INSIDE CONSUMER-DIRECTED CARE

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

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Banks Could Strike Gold in the HSA Market, But Be Prepared for a Slow and Steady Dig

It won't be an overnight sensation or anything like hitting the Powerball. But health savings accounts (HSAs) represent a potentially lucrative market opportunity for banks and other financial institutions looking to build liquidity.

It's a "green field" growth area, Red Gillen, senior analyst at Celent, tells *ICDC*, meaning that HSAs will bring new customers to the bank. Gillen is the author of a report recently released by Celent that examines the potential for HSAs as a growth opportunity for banks. Celent is a Boston-based financial research and consulting company.

"Banks have existing customers they can cross-sell to," Gillen says. "But HSA customers represent a new customer pool, and this means the possibility of creating new and profitable business relationships."

Carl Doty, Forrester Research vice president and research director, agrees, noting that "it's about the only portion of the financial sector that's growing." But he wonders if banks not already positioned in the market stand a chance of capturing significant market share. "It's a little late in the game, since a lot of big players are already on the field." He does, however, see a tremendous opportunity for local and regional banks, and especially credit unions, where customer loyalty tends to be strong and well-established (*ICDC* 2/16/09, p. 4).

The Celent report, *HSA Acquisition: Hare-Like Market, Tortoise-Like Dedication*, identifies HSAs as a new area of growth for banks looking to expand their deposit bases during uncertain economic times. "It's not enough to turn the financial industry on its head," Gillen says in the report, since HSAs amounted to only 0.075% of total retail (core) deposits in 2007. But while retail deposit account (checking accounts, etc.) acquisition costs

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Is the Qforma/USA TODAY Most Influential Doctors Yet Another Beauty Contest?

When Qforma and *USA TODAY* announced the launch of *Most Influential Doctors* (MID) last month, Qforma CEO Kelly Myers said in a Webinar media briefing that the new service would be a helpful tool for consumers to use in locating local physicians who are considered by their peers to be leaders in their fields.

But some critics have pointed to shortcomings in the methodology used to identify these physicians, and many question its ultimate value for consumers. "This kind of site is based on [information from] a better panel of judges than your friends and colleagues," Francois de Brantes, CEO of Bridges to Excellence (BTE), tells *ICDC*. "But it's a beauty contest because it's reputational and superficial."

de Brantes says that the information used by MID and other physician rating services may be of some value when consumers search for a physician, and they certainly are grounded in more reliable information than that used by friends and colleagues. "But there is no substitute for empirical clinical data." He also contends that we might

have a better chance at getting consumers to seek out and use clinical quality data when selecting providers if health plans would stop blending cost with their quality data and utilize differential copays for member physician and hospital use based on a provider's clinical quality rankings.

BTE is a nonprofit coalition of large employers, health plans and providers that identifies and then provides financial rewards to physicians who are delivering higher-quality, evidence-based care. The ratings are based on data obtained from the physicians' actual medical records. BTE works with the National Committee for Quality Assurance (NCQA); MN Community Measurement, a Minnesota clinical quality measurement collaboration; and IPRO, an independent, nonprofit quality improvement organization, to create the performance assessments.

MID uses referral network rankings, practice patterns, publication history and leadership positions in professional associations to identify who Qforma says

are the top physicians that other physicians in that local area turn to for treatment advice and opinions.

The initial MID launch, accessed on the *USA TODAY* Web site, includes physicians in every metropolitan area but only in four disease categories: diabetes, high blood pressure, high cholesterol and asthma. Myers says that four new disease categories will be added every quarter during the coming year. *Next on the list*: breast cancer, chronic obstructive pulmonary disease, depression and osteoarthritis.

Kelly stressed that the listing encompasses only physicians who are considered to be regional leaders by their peers. Criteria used to make this determination include referral network rankings, publication history and leadership positions in professional associations.

Because Qforma provides prescription data analysis services to the pharmaceutical industry, physician prescribing patterns also are included in the criteria. But because these patterns are obtained from prescription drug databases, physicians in states like New Hampshire that prohibit the commercial use of prescription data are not included in the MID listing. And a question submitted by *ICDC* about how a physician's prescribing records relate to quality was not answered. The analysis also does not factor in patient outcomes.

BTE Uses Medical Record Data

Currently, somewhere between 40 and 50 Web sites and other groups rate physicians. While a small but growing number use claims-based clinical data to compare physician groups in terms of how they treat health conditions, most are based on consumer ratings or information concerning a physician's education, disciplinary actions, board certification, experience and customer service. BTE, on the other hand, analyzes medical records to measure physician performance. The organization then compiles a list of high-quality, top-performing physicians based on their care for patients with chronic diseases ranging from diabetes to coronary artery disease.

While BTE doesn't offer consumers a Web site where they can search for top-performing physicians, HealthGrades, a national provider ranking site, has access to BTE's results and identifies these physicians on the free-access part of its site. de Brantes says about a dozen community-based organizations across the U.S., including the Cleveland Health Collaborative, post BTE results for consumer viewing. MN Community Measurement also offers consumers a physician rating Web site as well as a special site that ranks physicians based on the quality of care they deliver for diabetes (www.thed5.org). He notes that BTE "is working everywhere in the country to help organizations

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launch similar initiatives." To date, BTE has identified 20,000 high-performing physicians, and the number is growing.

But while several major health plan operators, including CIGNA Corp., UnitedHealthcare and Aetna Inc. are using BTE's quality data, de Brantes worries that consumers see only the cost data that are blended into the information insurers provide, and assume that their health plans are steering them to the less expensive physicians. "One of my big pushbacks on this issue is that we tend to use blended rankings that use some measures of cost and quality," he says. "But the average consumer ignores the quality part, assuming that cost is the biggest factor used by the health plan." This isn't true, he admits, but it's what most consumers believe.

His solution: Health plans should focus "laser-like" on the quality issue to rebuild consumer trust in the ratings. He also argues that consumers would use the quality data if they had differential copays depending upon which hospitals and physicians they used, with the differential based on objective assessments of quality rather than cost. "We need to change the perception that health plans are steering patients to the cheapest doctors," de Brantes says. "And we can do this by getting out of the business of blending cost and quality and focus just on quality. Once we've restored consumer confidence and trust, then we have a shot at people using the data."

Contact de Brantes at francois.debrantes@bridged-toexcellence.org. Visit the Qforma/USA TODAY Most Influential Doctors Web site at www.usatoday.com/news/health/qforma-most-influential-doctors.htm. ✧

New Mobile Health Applications Could Leave EMRs in the Dust

While attention may be focused on getting physicians to use electronic medical records (EMRs), the real buzz on the street is around the coming explosion in mobile health applications and their impact on how health care is accessed and delivered. "Mobile health is leaving EMRs in the dust," Claudia Tessier, president of the mHealth Initiative, tells *ICDC*, "because it's about real-time information and engagement."

Tessier says that it's the potential for real-time, anytime/anywhere information exchange that makes mobile devices a revolutionary force in health care. And it's a potential that the industry is just starting to recognize. "Remember that it was just yesterday that we were trying to restrict cell-phone use in health care facilities," Tessier says. "Now we're encouraging their use."

Mobile health increasingly is being equated with the iPhone. Over 40 million iPhones and iPods now are in

use, and Apple says that more than a billion applications have been downloaded from its store. This makes the iPhone a natural mechanism for reaching a critical mass of consumers with health-related programs and services. On June 9, Apple sweetened the pie by coming out with the new — and non-budget-busting — iPhone 3G S. There may be other mobile devices out there, and new mobile applications are targeting them as well (*ICDC* 5/8/09, p. 1). But for the moment, iPhone rules.

According to Tessier, the eHealth Initiative has identified close to 200 mobile health applications, "and that may be just scratching the surface." The initiative has organized the applications into 12 clusters according to their targets and use. *Among the most common:* using mobile devices for patient-provider communications before, during and after visits, often using text messaging and other tools.

Disease Management Is Going Mobile

One increasingly common and promising use of mobile devices is by physicians at the point of care, where everything from iPhones to BlackBerrys are being utilized to access formularies, clinical guidelines, decision support resources and even personal health records (PHRs) during the patient encounter. Physicians also are using mobile devices to document their observations during patient encounters, reducing note entry — and the possibility of errors — from a two-step to a one-step process.

Another particularly promising area for mobile health, according to Tessier, is disease management, where mobile devices are being used to both collect information from, and push information out to, patients with chronic conditions. Using their mobile devices, patients can transmit real-time information on their conditions to providers. The benefit, Tessier says, is that providers can obtain "actual day-to-day readings of blood pressure, blood glucose levels and other indicators rather than relying on a 'once you're in the office' reading, which is not a true reading." Patients also receive reminders, updates and other critical information via their mobile devices so they can better manage their conditions wherever they happen to be.

Mobile health also is making inroads into emergency medical care, where emergency medical technicians (EMTs) have been using mobile devices and applications to access and transmit patient data so patients can be triaged en route to the ER. And if the patient has medical information uploaded into his or her mobile device, this becomes part of the process.

Finally, Body Area Networks (BANs) are emerging and the next big thing, Tessier says, although much of what's happening in this cluster borders on Flash

Gordon and Dick Tracy (if you're old enough to remember them). BANs are implanted or wearable sensors that monitor certain body parameters and transmit the information back to a home base, which could be a medical provider or research team. "We've been hearing more about this and felt that it deserved its own cluster," Tessier says, adding that "they're talking about implantable sensors that allow you to exchange business card information with a handshake, so why not health care information?"

Tessier thinks that mobile will penetrate every aspect of health care and that physicians will use it because they're using mobile devices now for a range on non-health care functions. And consumers are downloading health care-related applications of their own. Adoption also will be spurred by the greater use of PHRs, which increasingly are being linked to mobile devices by health plans such as Blue Cross of Northeastern Pennsylvania. At the same time, a growing number of companies, including Canopy Financial (*ICDC 5/22/09, p. 3*), AllOne Health and Sensei, Inc. (*ICDC 5/8/09, p. 1*) are tapping the direct-to-consumer market, which observers say will explode as mobile health apps become a way of life for most consumers.

Contact Tessier at c.tessier@mhealthinitiative.org. ✧

J.P. Morgan Shares Its Secrets to Getting High HSA Enrollment Rates

As more employers consider or begin offering their employees high-deductible health plans (HDHPs) with HSA options, benchmarking other companies to identify best practices becomes an important tool to ensure success. And a report from J.P. Morgan Healthcare Solutions offers six "lessons learned" gleaned from bank clients that have achieved high rates of HSA enrollment. J.P. Morgan, through its Treasury Services business, was an early entry into the HSA market and currently holds an estimated \$550 million in HSA assets (*ICDC 3/20/09, p. 6*).

David Josephs, head of consumer-directed health care at J.P. Morgan, says that the best practices it has identified form a framework for any employer that wants to benefit from the cost-control benefits and tax liability reductions associated with an HSA-qualified HDHP. Better yet, the best practices are straightforward and far from rocket science:

- ◆ *Keep the plan simple and easy to understand and use;*
- ◆ *Provide 100% coverage for preventive care services;*
- ◆ *Offer a line of credit for unexpected medical expenses;*
- ◆ *Contribute to the employee's account,*

◆ *Educate employees about the account and health care costs; and*

◆ *Select the HSA administrator with care.*

These employers also say that the best way to avoid confusion during open enrollment is to offer only a manageable number of insurance benefit options. Smaller companies, for example, often offer only one or two plan options, while large companies offer up to four. Overall, too many options confuse employees, and they then will select a plan based solely on cost. *Another best practice for encouraging employee participation in a new HSA plan:* offer lower deductibles, higher levels of coinsurance and front-loaded or accelerated HSA funding. And provide 100% coverage for routine physicals, immunizations and other preventive care and wellness services, J.P. Morgan advises.

Select Your Administrator With Care

High-HSA-enrollment-rate employers often offer their employees a line of credit to help cover unexpected medical expenses that exceed their HSA balances. Doing this provides a sense of security for employees who may be accustomed to lower out-of-pocket expenses. A large number contribute to their employees' HSAs, saying that it is one way of demonstrating their commitment to the program.

Employers with high rates of HSA enrollment tend to conduct a well-thought-out, staged employee communications program rolled out over several months in advance of the actual enrollment period, according to J.P. Morgan. This allows employees time to fully understand the new benefits, and it reduces confusion during the enrollment period.

Because an HSA administrator plays a pivotal role, employers new to the HSA arena should carefully screen potential administrators, conducting a form of due diligence that looks for expertise and core capabilities. *Among them:* a simple enrollment process with customizable employee communications and enrollment materials; comprehensive reporting capabilities; a dedicated support team; a strong reputation as a trusted custodian; and a strong balance sheet, J.P. Morgan says. The financial institution must be able to do more than simply house HSA accounts. And with the right mix of products and services, it can help employers increase HSA participation rates and ensure employee satisfaction with the plan.

The JP Morgan report, *Best Practices for Implementing a Health Savings Account (HSA) Program*, includes an implementation checklist and a sample HSA communications plan. View the report at www.jpmmorgan.com/visit/healthcarebenefits. For more information, contact Michael Fusco at michael.f.fusco@jpmchase.com. ✧

Consumer Misunderstandings About HSAs Are Hindering Their Adoption

While HSA-qualified consumer-directed health plans may be gaining ground, only just over one-half of consumers know they exist, and most consumers are highly uncertain about how the key features of CDH plans and HSAs actually work.

Late last year, Guardian Life Insurance Company polled 1,000 adults to measure their awareness of CDH plans and HSAs. And the results show that five years after HSAs were introduced, only one in seven adults in qualified CDH plans have opened and use an HSA. Furthermore, while 59% of consumers know about these accounts, more than half of them say they don't fully understand their key features. According to Tim Bireley, Guardian vice president of group medical, these and other findings should help employers address the key educational and motivational factors that will hinder HSA enrollment among their employees.

Among key points of misunderstanding: 52% of survey participants said that they didn't realize that HSA contributions are not subject to tax, and 55% said they believed that they had to pay taxes on withdrawals even when they were used for qualified medical expenses. Moreover, 60% said they were unaware that they could take their HSA with them if they changed jobs. When asked why they did not participate in a CDH plan and/or an HSA, consumers cited various reasons, including the expense and their lack of knowledge.

Study Identifies Consumer Preferences

Consumers did cite several factors that they felt would make these plans more appealing to them and other consumers. *Among them:* employer contributions to the HSA (mentioned by 61% of respondents), the inclusion of critical illness insurance coverage for cancer, heart disease and other serious conditions (57%), and more control over decisions that would influence the cost of their health care (85%). At the same time, 47% of those surveyed said they would value having access to wellness programs through their CDH plans, and seven in 10 said they would participate in these programs.

Among consumers who are familiar with CDH plans but not enrolled in one, most (68%) cited a preference for a traditional PPO or HMO plan. But other reasons underscore a lack of knowledge about CDH plans, including thinking that such plans have premiums or deductibles that are too expensive (44%), concern that major expenses will be incurred before HSA balances can be built up (29%), and not fully understanding the plan (26%).

The full report, *The Benefits & Behavior: Spotlight on Consumer-Driven Health Plans*, can be viewed at www.GuardianBenefits.com. ✧

Banks Have Edge in HSA Market

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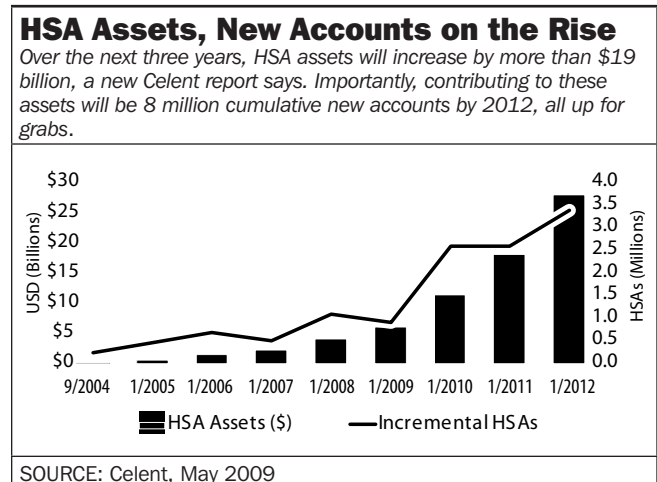
exceed \$300 per account, HSA account acquisition costs are in the \$100 to \$120 range. At the same time, HSA closure rates are 12%, while retail deposits have a 20% attrition rate.

The HSA market potential is certainly significant. Celent estimates that close to 1 million new HSAs will be opened this year, and that more than 3.4 million accounts will be created by 2012 as more employers turn to consumer-directed health (CDH) plans to manage their health care costs (see table this page). In addition, the HSA rollover rate among account holders is about 2.5% per year. Based on what Celent says is a conservative estimate, HSA deposits will amount to about \$27 billion by 2012, with assets increasing by more than \$19 billion over the next three years. Importantly, the report notes, contributing to these assets will be 8 million cumulative new accounts by 2012, and "it's all up for grabs."

Vik Kashyap, CEO of Canopy Financial, offers up a far more tantalizing scenario, telling *ICDC* that the market could easily reach \$100 billion in assets (see below).

Another way to describe the market opportunity: The Celent report says that changes in the health care market are resulting in less money being paid through premiums to insurers and in relatively more money in HSA contributions being deposited into banks. Celent estimates that last year, the "universe of opportunity" for shifting CDH plan premium savings to bank deposits would have been about \$294 billion.

Gillen also notes in the report that the way HSAs are sold makes them "harder to ignore." Like 401(k)s and other defined-contribution benefit plans, most HSAs are sold through employers. This means that by leveraging non-retail sales channels, like health plans, brokers and benefit administrators, banks can register employees in



HSA programs in large blocks, leading to the enrollment of hundreds or even thousands of customers at a time. In fact, because HSAs are relatively new, most employers and employees will enroll in whatever HSA is paired with an insurer's health plan. This means that HSAs can be acquired at a relatively low cost when compared to retaining deposit accounts. "Employers are the wind in the [HSA market] sails," Gillen tells ICDC, "so what banks need to do is to offer solid basic products because customers are being pushed to the banks."

Also making this a particularly attractive market is the fact that the majority of new HSA accounts is coming from organic growth rather than from acquisition of accounts from other institutions. This means that the HSA market pie is growing rapidly enough that industry players are not growing their slice of the pie at the expense of other players.

Set Realistic Expectations

But having said all this, Gillen advises banks to set realistic expectations when setting out to tap the market. "HSAs will not propel any bank to the top of the financial services industry," he says. Rather, the HSA market should be just one part of a bank's overall business strategy. And capitalizing on this market will require a "slow and steady as she goes" approach. "When HSAs first came out, there were a lot of rosy predictions about how they would take off. But that really didn't materialize," Gillen cautions. "However, we're seeing 40% to 50% growth in the last year alone, so it's a growing market." Not as large growth-wise as the checking-account market, Gillen emphasizes, and HSAs won't be enough to save a bank. "But they will complement what a bank already has."

Kashyap agrees with this assessment, telling ICDC that more than 50% of Canopy's health investment accounts (HIAs) have an average balance of \$10,000. "The market in the next five years is easily well over \$100 billion in assets." The question, he says, is "who will get the money?"

One area where the slow and steady advice applies is a bank's approach to HSA acquisition. The Celent report notes that in many ways, the product field is fairly level. IRS regulations determine how HSAs can function, so there is relatively little room for feature innovation. And no magic bullet will guarantee accelerated acquisition rates. Rather, a bank's acquisition strategy should focus on building and maintaining strong relationships with health plans, brokers and benefit administrators. This puts smaller banks at somewhat of an advantage, Gillen says, because they, more than large banks, are able to devote the time and resources to building and nurturing relations that result in high-quality account servicing programs and trust building.

One acquisition opportunity to watch: rollover accounts. The Celent report predicts that as employees become more familiar with their accounts, they will increasingly shop among banks for their HSA accounts just as they do for other banking services. And the same will be true for brokers and benefit administrators. Once they have sufficient experience with HSAs under their belt, they will start shopping among HSA custodians for a better fit. Gillen stresses the importance of the rollover market because, at some point, HSA growth will mature, just as the 401(k) and IRA markets have (see chart, p. 7). The report stresses the parallel with IRAs as particularly apt. An average of 8.2% of personal investment assets is rolled into IRAs every day, which means that a similar amount is rolled out of other custodians. So one financial institution's gain is another's loss. Should HSAs mimic IRAs and reach this rollover rate, more than \$830 million in HSA assets would be "up for grabs" by the end of this year.

Gillen stresses the importance of a bank's relationship with health plans and, especially, insurance brokers. In fact, he tells ICDC that this is the major take-away from the report. "Brokers dominate the health plans sales channel, and HSAs are health-plan dependent." He observes that brokers are at the table when employer health plan decisions are being made, and that these decisions increasingly involve CDH plan options. "As such," he says, "there is an alignment of objectives between brokers and HSA custodians." So to successfully gain and hold market share, banks must focus on their channel partnerships, especially brokers, "because they can be your *de facto* sales force."

Health Plans Could Lose Out

And health plans could lose out under this scenario: "Over time, exclusive health plan channel partnerships will lose relative significance," Gillen predicts. "As employers become more savvy and fluent about HSAs, they will want to unbundle the health plan from the HSA in an effort to find the optimal mix of plan benefits, pricing and customer service." This is especially relevant given the fact that employers turn over health insurance relationships frequently and do not want to have to establish a new HSA relationship with every health plan change. "His advice to health plans: Offer multiple banking options with your CDH plan products. "Employers and employees want choice," he says, "and if you offer your commercial customers only one or two bank options, they're apt to walk."

Kashyap is somewhat skeptical of this possibility, at least in the short term. "Technically an employer could get a packaged product from two different providers," such as a CDH plan from an insurer and an HSA account from another bank or credit union. "But personally, I think it will be quite a while before that happens given the com-

plexity of the product." Yet he agrees that it could happen, "although it's probably more than five years out."

But Doty sees a real possibility for a diminishing role of health plans in the HSA market, given the trend toward disintermediation in the industry. "People are talking about health plans becoming little more than plug-and-play claims payers," he says, "and in this scenario the real customer relationship would be with the HSA" and not the health plan. However, all is not lost. While Doty notes that health plans consistently fall at the bottom of Forrester's customer satisfaction ratings, they could win ownership of the customer relationship if they "simplify their products" and provide services that will help their customers understand the HSA product. "The winners will be those who can leverage their customer relationships by offering, on a direct-to-consumer basis, value-added services around an HSA." Included among these services, Doty says, are financial advice tied to retirement planning, similar to what Fidelity Investments provides. "And right now, most banks and payers are not doing a good job at this."

Relationship-Building Is a Must

While HSA features may be relatively set, the opportunity for bank differentiation in the market rests on its ability to offer products that combine multiple functions, including those associated with checking accounts, customer and tax reporting capabilities and investment services, coupled with world-class customer service. "Customer service is where you see the real differentiation between competitors," Gillen asserts.

Kashyap underscores the need for products that combine multiple functions, noting that this requirement creates a challenge for many banks. HSAs are unlike any depository instrument or investment vehicle that banks have ever dealt with, he argues, noting that they have several functional support requirements given the fact that they are part checking, part savings and part investment vehicles that are bundled with and predicated on insurance coverage. "So the challenge in this market is part technology and part relationships." And relationships are just as critical, Kashyap adds. "You have to have your feet on the street building relationships with health plans, benefits administrators and brokers."

Education also is a key component in the package. "HSAs are a new product in the industry, and the average customer doesn't understand how they work or the advantages they offer," Gillen observes. "And education should begin before an individual opens an HSA." *Another target for education:* brokers, because, as Gillen says, they can't sell CDH plans to employers unless they're fully up to speed on HSAs.

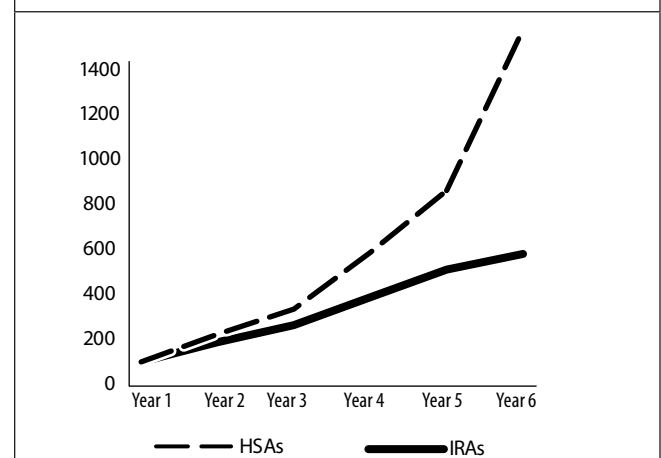
Banks that hope to capitalize on the HSA market also must be nimble and able to react quickly and with flexibility. Gillen cites First Horizon Msaver, an HSA trustee owned by First Horizon National Corp., as an example of a bank that has been successful in capturing market share (*ICDC 3/20/09, p.5*). One reason for Msaver's success, Gillen says, is that First Horizon has given the bank a certain amount of autonomy so it can act quickly and deftly. "If you're [part of] a big bank, you may be competing against other internal departments for resources. It's like baby robins with wide-open mouths competing for the worms," he says.

Doty is somewhat skeptical of the claim that large banks new to the market will be able to achieve significant market penetration, saying that smaller, regional banks stand a better chance since health care and, increasingly, health care financing are local. "So there is merit to the notion that a regional bank is a reasonable choice for consumers given high levels of trust and brand affinity," he says. Smaller employers launching into an HSA product for the first time also might feel more comfortable with a local or regional bank with a smaller footprint, or especially with a credit union. "I see this as a hot market for credit unions because they are local and well-known to their customers."

Doty argues that given the long-term relationships that many credit unions have with their customers, the HSA market could be a smart move. "It gives the credit union one more touch point with their customers," he says.

Contact Steve Nawrocki for Gillen at snawrocki@celent.com, Mark Hall for Kashyap at markh@egoeast.com and Doty at cdoty@forrester.com. ♦

The HSA-IRA Gap Is 'Yawning' in Terms of Indexed Asset Growth



SOURCES: Celent, Employee Benefit Research Institute, Investment Company Institute, May 2009

INDUSTRY NEWS

◆ **VitalsTracker has launched a new online tool that enables health care consumers to track essential health care biometric readings, including blood pressure and blood sugar levels, on a special Web-site account.** Using the tool, consumers can follow their health progress over time and share the findings with their health care providers. The site allows consumers to store vital health statistics and records, including their full medical histories. VitalsTracker says that the new tool will be especially useful for people with pre-hypertension and pre-diabetes because they can use it to monitor their levels and be alerted to needed diet changes and possible medical treatments. Visit www.vitalstracker.com.

◆ **Sterling HSA has partnered with Medical Cost Advocate (MCA) to provide Sterling HSA account holders with access to MCA's out-of-pocket payment analysis service to help them realize more savings on their medical bills.** MCA will be available to review the medical bills of Sterling HSA account holders to determine if the fees being charged are competitive and applicable. MCA can, if the account holder wants, negotiate with the medical provider to try to reduce the fee being charged based on market data. Sterling says there is no up-front fee and that Sterling customers will pay for the service only if they save money on their medical bills. The MCA service also offers pre-negotiation of favorable cost and payment terms before patients schedule their visits or procedures. Contact Sterling at (510) 832-4727.

◆ **HealthPartners is the latest health plan to link with HealthVault to enable plan members to transfer medical and health information from their HealthPartners' records to their PHRs.** Members initially will be able to transfer HealthPartners Explanation of Benefits information to their PHRs. Later this year, about 450,000 of the plan's 1.2 million members who have access to HealthVault will be able to transfer additional information to their PHRs, including benefits and copays, lab results, immunizations, allergy and medication lists, and health and wellness information stored in the EHRs of HealthPartners Clinics and Regions Hospital. Members will transfer information using HealthPartners' Web site.

◆ **Have an idea for a health-focused video game? If you do, Humana Inc. is interested and you could win some money if your game is selected.** Humana announced June 11 that it had launched a 'one-of-a-kind

game idea competition" called the InsertCoin. The health plan's Games for Health Web site is looking for new game concepts that, it says, must be innovative and entertaining enough to motivate everyone from kids to families to seniors to become more active and make better health decisions. The insurer stresses that it's not uninterested in traditional game concepts. Rather, it's looking for games that get people to move and live healthier lifestyles. A total of 30 game ideas will be evaluated for commercialization potential. First-place prize is \$5,000, second place is \$3,000 and third place is \$2,000. Entries will be accepted until Sept. 9. Competition details can be found at www.humanagames.com.

◆ **While retail health clinics are now an established part of the health care system in many markets, a study finds that the growth is not evenly distributed across communities, and that few, if any, clinics have been opened in poor, underserved areas.** Rather, most clinics are found in higher-income areas that are less likely to be classified as medically underserved. The study, by medical researchers at the University of Pennsylvania School of Medicine, used mapping software and Census data plus a list of nearly 1,000 retail clinics to pinpoint distribution. *The result:* Census tracts with retail clinics had a lower population of black residents, lower poverty rates, and higher median incomes than did Census tracts without retail clinics. The study, by Craig E. Pollack, M.D. and colleagues, appeared in the May 25 issue of *Archives of Internal Medicine*.

◆ **A May 22 notice in the Federal Register says that the HHS Office of the National Coordinator (ONC) for Health IT plans to develop an online personal health record model that will be used to help consumers better understand how PHRs function.** According to the notice, the ONC has launched a program to develop a model that will help consumers understand and consistently compare PHR services across PHR service providers. The project also will help identify and explain the key information that could influence a consumer's decisions about and choice of PHR service providers. The ONC says it will be conducting in-depth consumer tests in six locations between now and October 2009 to measure consumer understanding. Copies of the ONC's statement and related documents can be obtained by e-mail at Sherette.funncoleman@hhs.gov, or by calling (202) 690-5683. Fax written comments to (202) 395-6974. Submissions will be accepted until June 22.

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