PNCBANK

Daniel Brazen, CTP

**Session 3.02
Reinventing Billing and Receivables
Processes Using Today's
Technology**

Monday, March 8, 2004

2:15 pm to 3:15 pm

PNC & Healthcare

Facts about PNC Bank e-Healthcare Group

➢ **Broad spectrum of healthcare clients**
- Payers, providers, Medicare Fiscal Intermediaries, government agencies

➢ **Developmental "*firsts*"**
- Only bank to participate in the development of the first 835 standard
- First bank to send an 835 (1994)
- First bank to implement comprehensive 835 program (Tenet – 1994)
- First bank to originate an 835 ACH program with National Payer (2001)
- First bank to create reassociation engine capturing payments before remittance advices

➢ **Active in industry and national standards bodies**
- Chair of NACHA HIPAA Committee
- Board Member of WEDI, serve on ASC X 12, Insurance, Finance Committees

➢ **Active in healthcare roundtables and conferences**
- HFMA, AAHP/HIAA, AFP, National and Regional programs

The Banking Industry HIPAA Task Force "Statement on Using Your Bank's Resources for Transactions"

➢ "Automated posting and closing of accounts receivable will become standard operating procedure, thus slashing costs and improving the timeliness and accuracy of posting payments. Keeping dollars and data together during electronic processing eliminates the cost and complexity of having to re-associate data and dollars sent via multiple networks."

➢ Certain synergies also accrue to healthcare organizations

- Internal links between revenue cycle management and treasury management are strengthened.
- Banks provide multiple reporting capabilities allowing providers to customize information, and respond to payment and posting issues more rapidly and accurately.
- Links can be established to other bank services such as investment management to further maximize cash flow.

For PFS Professionals, the Most Daunting Challenges are HIPAA, Automation, Staffing & Uninsured Payments

"Over the next five years, which trends or issues do *you* feel will have the greatest impact?

Trends or Issues	Percent Indicating
HIPAA (Privacy, Transaction, Portability)	82%
Automated Systems	69%
Recruiting/Retaining Qualified Staff	69%
Uninsured Patients	50%

Based upon 274 survey respondents at HFMA's 2002 Annual National Institute

Improvement Justification

Many leading consultants contend that hospitals habitually leave as much as 3% to 5% of potential revenue uncollected, because of structural flaws that can be readily be identified and corrected.

Source: Chris Rauber, "Chain Reactions" *HealthLeaders*, August 2003

Today's Agenda
Addresses These Two Questions

➤ Why should I change my billing/receivable process and technology?

➤ What does a fully technology-enabled process look like?

Today's Agenda
Addresses These Two Questions

➤ *Why should I change my billing/receivable process and technology?*

➤ What does a fully technology-enabled process look like?

Why Should I Change My Billing Process & Technology
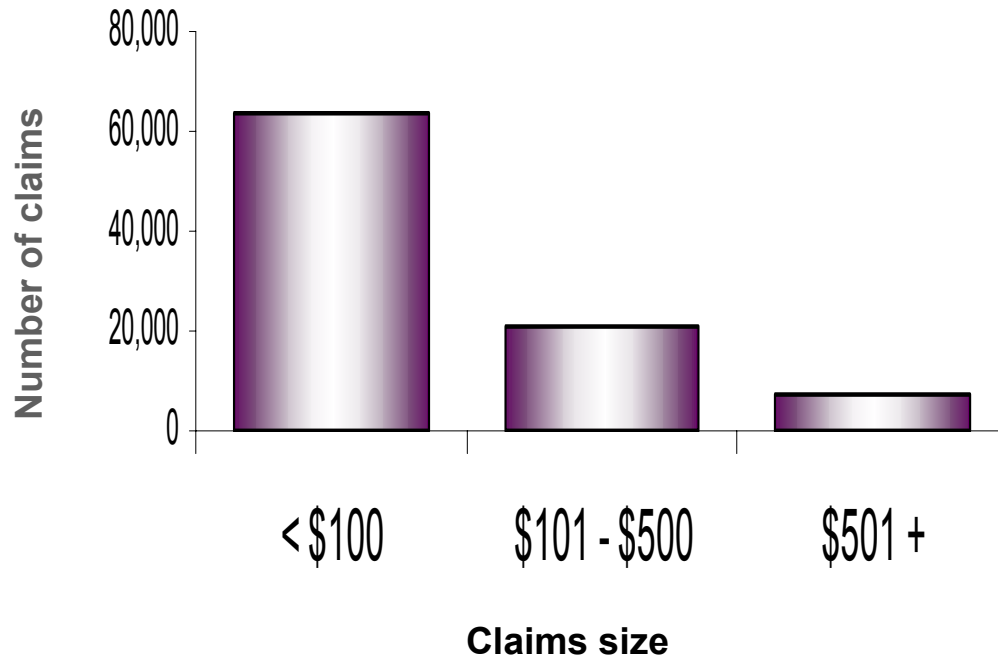
Most Billing Processes:

Hospitals

- Fail to collect up to 3-5% of earned revenues
- Billing Department's priority is to post claims instead of collecting
- Difficulty in integrating receivables into management information
- Struggle to match contracts with actual reimbursements
- Do not have instant access to patients information in answering their billing reimbursement questions
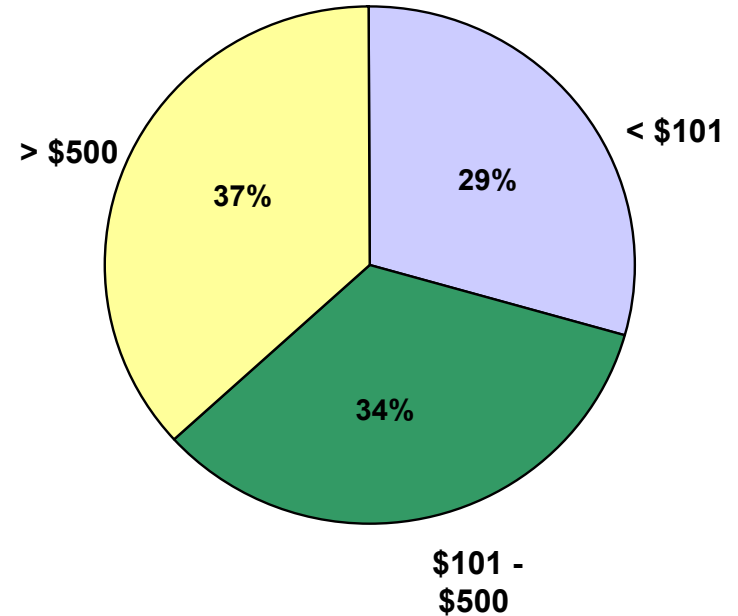
SIGNIFICANT VALUE IN ALL CLAIM SIZES

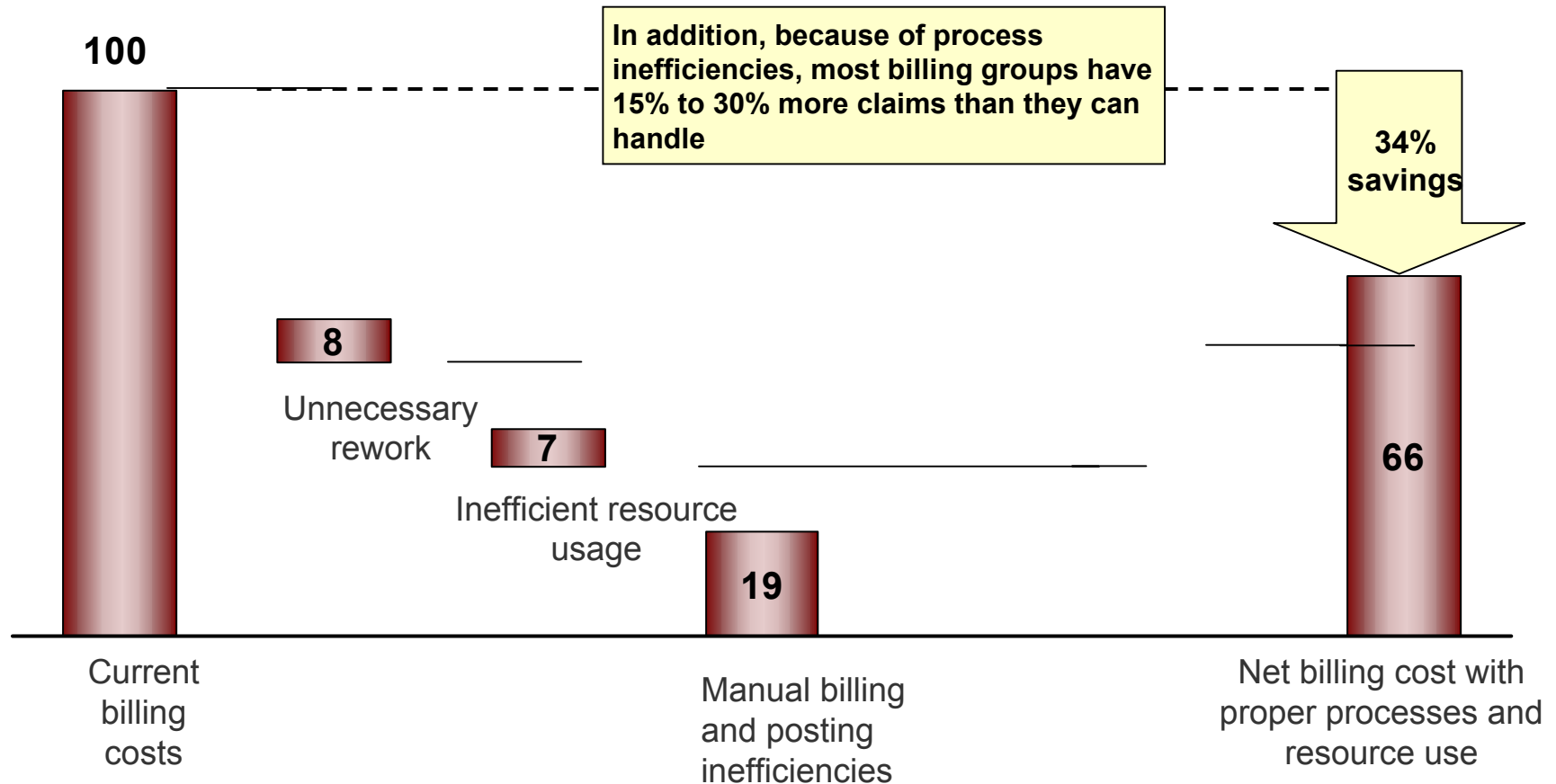**Number of claims by size**

% of dollars collected by claims size

INEFFICIENCIES IN BILLING PROCESSES LEAD TO ADDITIONAL COST AND LOST REVENUE

Percent of current billing costs

100

In addition, because of process inefficiencies, most billing groups have 15% to 30% more claims than they can handle

34% savings

8

Unnecessary rework

7

Inefficient resource usage

19

66

Current billing costs

Manual billing and posting inefficiencies

Net billing cost with proper processes and resource use

Challenges with Traditional Receivables Process

Patient Pay

Payers
Commercial, Medicare, Medicaid, Blues, etc.

Paper Check & Coupon

ACH

Correspondence

Paper Check & EOB

ERA

Bank

Possible Clearinghouse / VAN

Account Balance Reporting

Paper Remittance Package

Investment Management

Providers
Back Office Posting
• Mountains of Paper
• Manual Cash Application
• Manual Reassociation
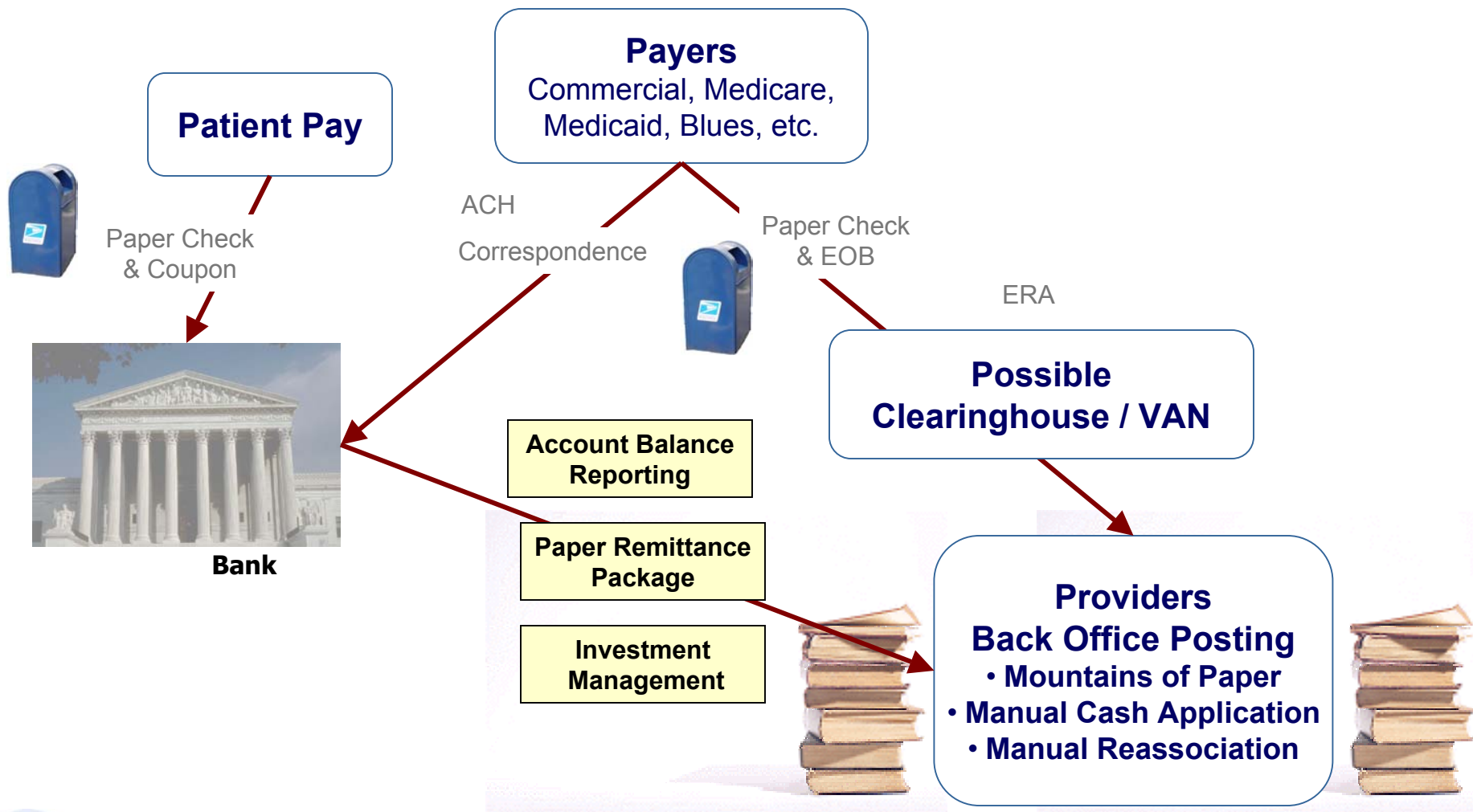
Typical Challenges You May Be Facing

➢ **Patient Pay** – lack of automation through coupon scanline, or credit card process

➢ **No Data Capture in Lockbox Process** – results in manual posting of all paper receivables

➢ **Issues with Direct ERA Data Feeds** – printing and posting manually; must re-associate with the dollars in your bank account before posting; cost of maintaining multiple direct transmissions and/or clearinghouse; lack of HIPAA validation for incoming files

➢ **Investment Management** – allocate cost and revenue to the units that are borrowers and lenders of cash
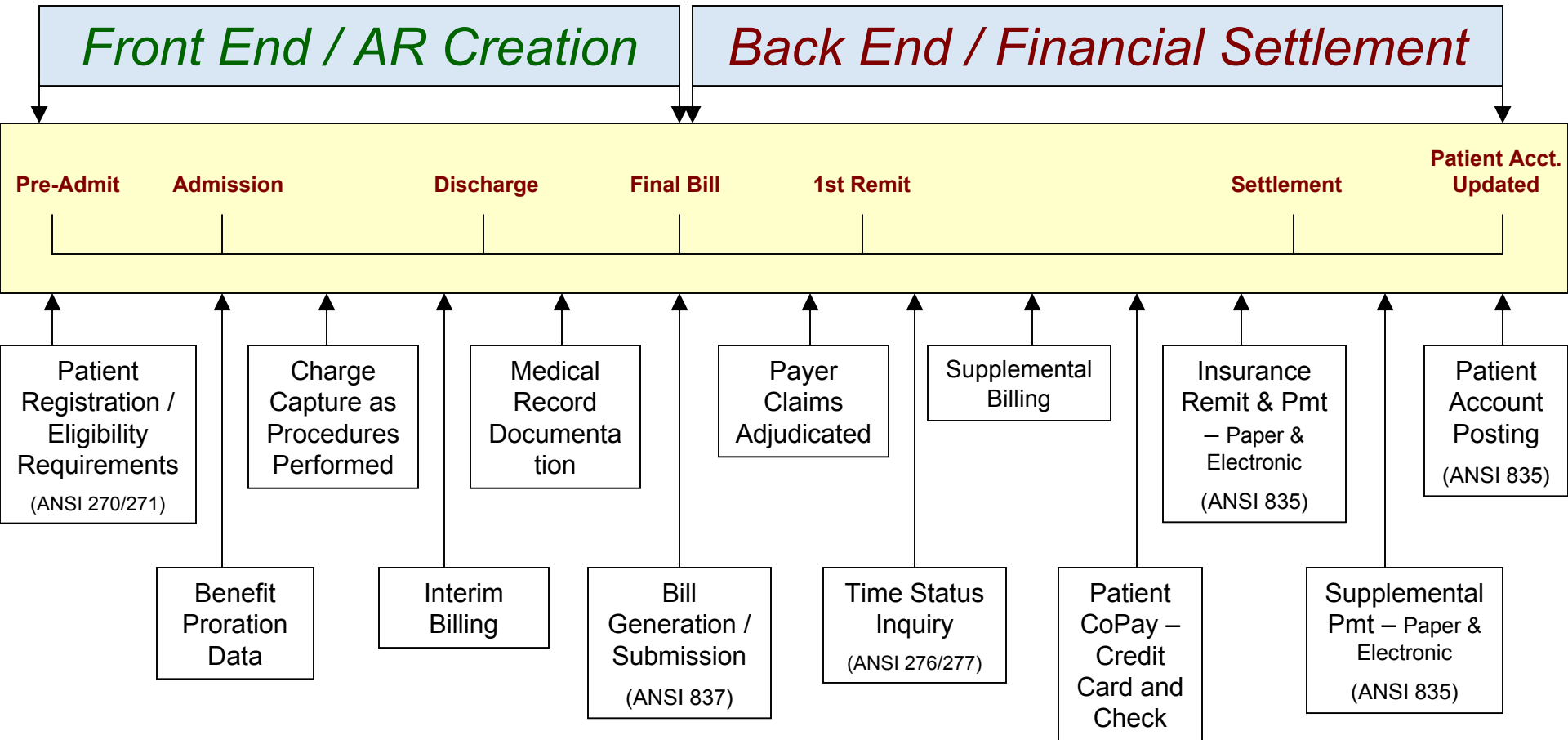
Today's Agenda
Addresses These Two Questions

➢ Why should I change my billing/receivable process and technology?

➢ *What does a fully technology-enabled process look like?*

Healthcare Revenue Cycle

Front End / AR Creation	Back End / Financial Settlement

Pre-Admit	Admission	Discharge	Final Bill	1st Remit	Settlement	Patient Acct. Updated

Patient Registration / Eligibility Requirements
(ANSI 270/271)

Benefit Proration Data

Charge Capture as Procedures Performed

Interim Billing

Medical Record Documentation

Bill Generation / Submission
(ANSI 837)

Payer Claims Adjudicated

Time Status Inquiry
(ANSI 276/277)

Supplemental Billing

Patient CoPay – Credit Card and Check

Insurance Remit & Pmt – Paper & Electronic
(ANSI 835)

Supplemental Pmt – Paper & Electronic
(ANSI 835)

Patient Account Posting
(ANSI 835)

KEY IMPROVEMENT OPPORTUNITIES TO BILLING PROCESS FLOW

Schedule visit and register patient	Document encounter	Create & transmit claims	Follow-up, inquire and receive payments	Post payments & appeal errors	Bill patient and/or secondary payer	Reporting and trending

Process changes

➢ Reward front-office personnel based upon productivity and accuracy

Technology changes

➢ Online or batch eligibility verification and referral/preauthorization request

➢ Electronic transfer of demographic data to billing department

➢ Automatic notification of co-pays and patient balances

➢ Credit card enablement

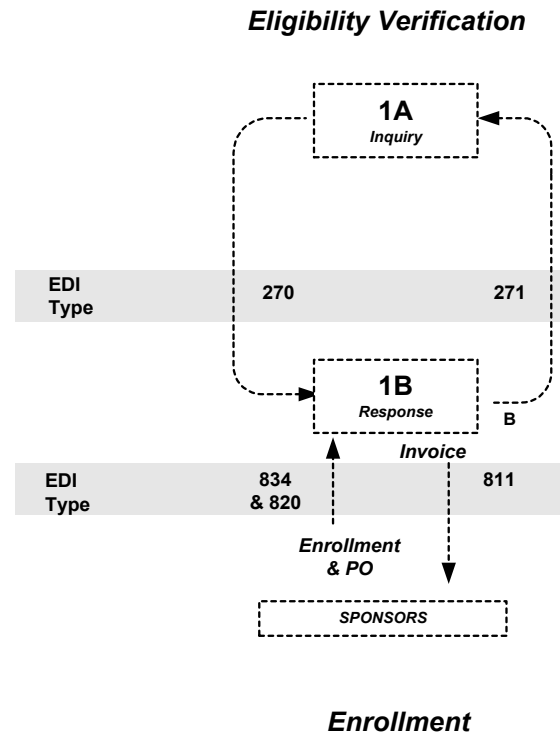➢ Sophisticated reporting on front-office productivity and accuracy

Pre Visit Preparation
Eligibility Authorization

e-Healthcare Business Cycle
Strategic Planning Matrix

Providers - **Hospitals, Physicians, Rehab Facilities, Nursing Facilities, Health Clinics, Home Health Services**

Stage 1

Eligibility Verification

```
                    ┌──────────┐
                    │   1A     │ ◄─┐
                    │ Inquiry  │   │
                    └──────────┘   │
```

EDI Type	270	271

```
                    ┌──────────┐
                    │   1B     │
                    │ Response │   B
                    └──────────┘
                       Invoice
```

EDI Type	834 & 820	811

Enrollment & PO

┌ - - - - - - - - - - ┐
  SPONSORS
└ - - - - - - - - - - ┘

Enrollment

Payors - **Insurance Companies, Health Plans, Medicaid, Medicare**

16

Pre Visit Preparation
Treatment Authorization

e-Healthcare Business Cycle
Strategic Planning Matrix

Providers -   *Hospitals, Physicians, Rehab Facilities, Nursing Facilities, Health Clinics, Home Health Services*
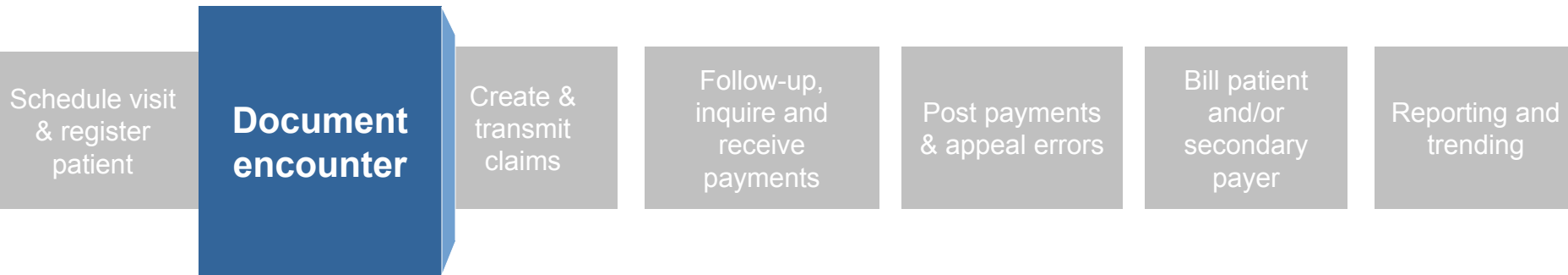
*PreTreatment
Authorization & Referrals*

Stage 2

2A

*Healthcare
Delivery
Services*

**EDI
Type**   **278**

2B
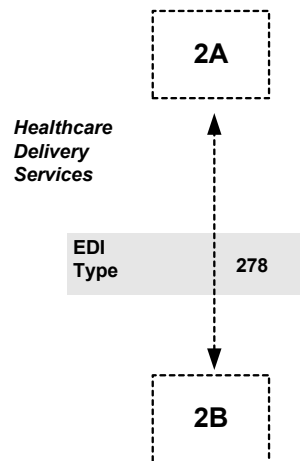
*PreCertification &
Adjudication*

Payors -   *Insurance Companies, Health Plans, Medicaid, Medicare*

KEY IMPROVEMENT OPPORTUNITIES TO BILLING PROCESS FLOW

| Schedule visit & register patient | **Document encounter** | Create & transmit claims | Follow-up, inquire and receive payments | Post payments & appeal errors | Bill patient and/or secondary payer | Reporting and trending |

Process changes

➢ Provide targeted coding guidance to physicians, rather than day-long "coding seminars"

Technology changes

➢ Scan and Optical Character Recognition of super bills or use of handhelds

➢ Audit number of scheduled patient encounters against encounter documentation created and submitted

➢ Targeted reports on physician coding (denials, potential missed procedures)

KEY IMPROVEMENT OPPORTUNITIES TO BILLING PROCESS FLOW

| Schedule visit & register patient | Document encounter | **Create and transmit claims** | Follow-up, inquire and receive payments | Post payments & appeal errors | Bill patient and/or secondary payer | Reporting and trending |

Process changes

- ➤ Work specialization
- ➤ Reward staff based on productivity and accuracy

Technology changes

- ➤ Scrub engines
- ➤ Electronic claims submission
- ➤ Automated printing of paper claims (secondary billing)
- ➤ Audit number of super bills received against number of claims transmitted
- ➤ Store scanned images rather than paper

Claim Submission

Providers - **Hospitals, Physicians, Rehab Facilities, Nursing Facilities, Health Clinics, Home Health Services**

Claim Submission

Stage 3

3A

Claim / Bill   *Patient Information*

EDI Type   **837**   **277**   **275**

Request Add'l Info

3B

Claim Acceptance
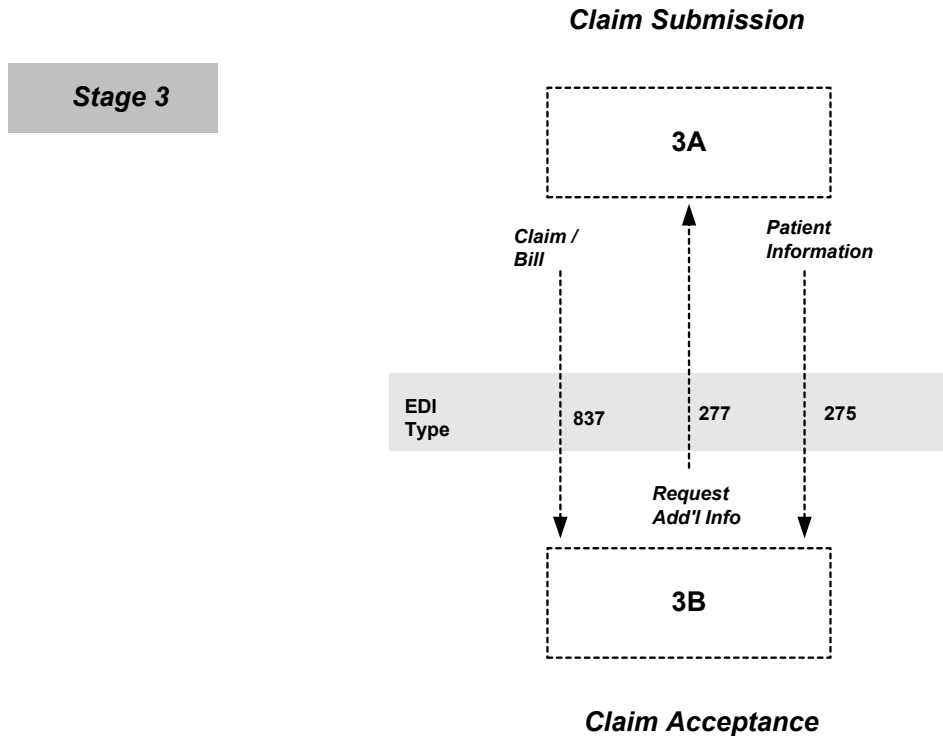
Payors - **Insurance Companies, Health Plans, Medicaid, Medicare**

Claim Submission
80/20 Rule

Direct Connect for major payers if you have

- ➢ Software for EDI claim submission
- ➢ Software that scrubs and edits 837 module _**including HIPAA Validation**_
- ➢ IT staff resources to manage communication connections for only top payers
  - – Medicare, Medicaid and BC/BS

Clearinghouse connect for remaining payers

KEY IMPROVEMENT OPPORTUNITIES TO BILLING PROCESS FLOW

| Schedule visit & register patient | Document encounter | Create & transmit claims | **Follow-up, inquire and receive payments** | Post payments & appeal errors | Bill patient and/or secondary payer | Reporting and trending |

Process changes

➢ Workflow redesign to focus claim posting staff on "lost claims"
➢ Reporting redesign to allow splitting of follow up work

Technology changes

➢ Robust reporting engine
➢ Credit card payments
➢ AR alerts
➢ Daily cash report/forecast
➢ Integration with collection partners

Claim Inquiry

e-Healthcare Business Cycle

Strategic Planning Matrix

Providers -   Hospitals, Physicians,   Rehab Facilities, Nursing Facilities, Health Clinics,   Home Health Services

Claims Status Inquiries

| Stage 4 |

4A

*Claim   Patient
Inquiry   Information*

| EDI Type | 276 | 275 | 277 |

*Claim
Response*

4B

Adjudication
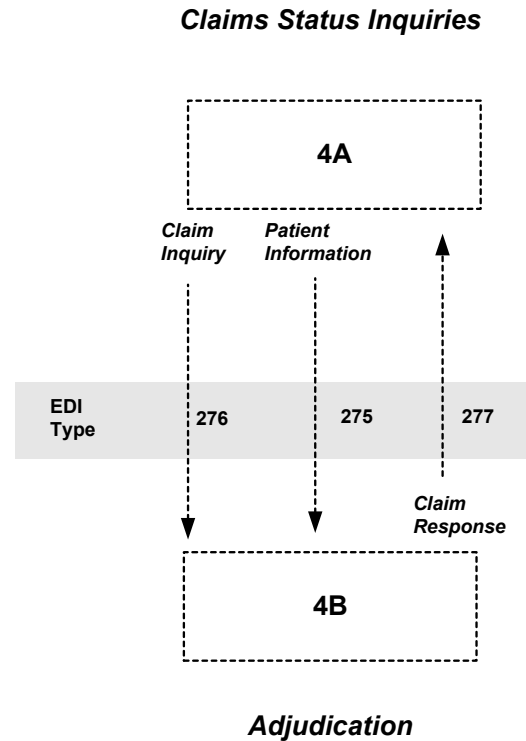
Payors -   Insurance Companies, Health Plans,   Medicaid, Medicare

KEY IMPROVEMENT OPPORTUNITIES TO BILLING PROCESS FLOW

| Schedule visit & register patient | Document encounter | Create & transmit claims | Follow-up, inquire and receive payments | **Post payments and appeal errors** | Bill patient and/or secondary payer | Reporting and trending |

Process changes

- ➢ Work specialization
- ➢ Redesign of process and change of job responsibility
    - Manual posting of exception items
    - Denied claims highest priority
    - Utilize image lookups for customer service
- ➢ Nightly investments of pre-posted receivables

Technology changes

- ➢ Automatic posting of claims
- ➢ Automatic posting of payments
- ➢ Receipt of denied claims in separate batch
- ➢ Image of paper claims
- ➢ Image of patient payments
- ➢ Auto ID of under payments
- ➢ Automatic allocation of investment income and expense by unit

Auto Post Claims and Payments Together

➢ To insure that cash received and the patient billing system are "in synch"
➢ To reduce data entry

# Days:	1	2	3	4	5	6	7
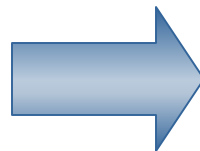
EOB File to Hospital

Payment via ACH or check received by Hospital

Insurance Company

Auto Posting Cash Application

Most patient accounting systems are structured to automatically post data delivered in an 835 format

➢ Cash application issues to consider:

- Electronic information vs. paper EOB (data capture data to assist in posting)

- Upload credit card payments from eligibility and patient payments directly into AR

- Use of image lockbox vs. paper lockbox

➢ Lockbox batches

- Identify payers, zero dollar remittances, separate facilities, groupings of images

- Reconcile batch number with current day reporting and claims posted

➢ Patient ID

- To place EOBs and payments into patient folder, automate posting and additional invoices

Image Paper EOBs And Self Payments

Disadvantages of paper based manual filing systems

➢ Documents account for up to 40% of your labor costs

➢ Your administrators and staff spend up to 60% of their time handling documents

➢ Xerox has found that up to 40% of forms and documents stored by hospitals are obsolete

Advantages of imaged-based filing system

➢ Knowledge sharing efficiency and higher quality care – improved customer service

➢ Faster payment application – reduced data entry errors

➢ Store in a digital library – reduced storage cost

➢ Access via a Web browser – reduced labor cost

   - Share images of Self Payments and EOBs

Healthcare Image Lockbox

Paper Payers

| Patient Pay |
| Medicaid |
| Blues |
| Commercial |
| PBMs |

PNCBANK
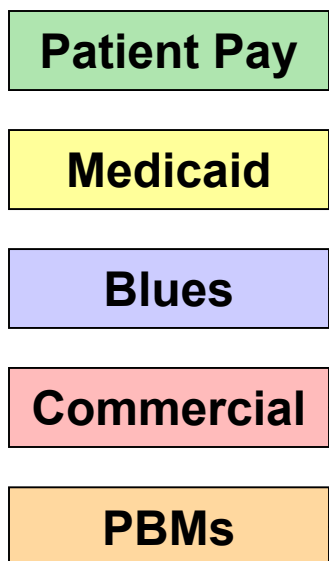
EDI 835 or Custom File

Paper & Images

Provider

➢ **Full-Color Image Capture** of all items received

➢ **Data Capture to the Patient ID Level**
(Payer Name, Pay Date, Patient Name, Patient ID, Claim Paid Amount)

➢ **Conversion to HIPAA Electronic File Standard – ANSI 835 4010**

➢ Single transmission of **Funded Data** in "ready-to-post" format

Lockbox 910827 – UHS Southwest Healthcare PatientPayments – Web Page on 01/21/2004 – TID Y-1015553 – Netscape

File   Edit   View   Go   Communicator   Help

Prev   **Next**

Check

Page 1 (B)

Page 2 (B)

Lockbox 910827 – ▮▮▮▮▮▮▮▮▮ **PatientPayments – Web Page on 01/21/2004**

Page 1 for Transaction ID Y-1015553

Invoice	Patient Number	Account Type	Amount Due	Service Code	Provider Enrollee
1	00010485438500	0	$ 250.00	99999997	00000000804

@ Help

Page 1 for Lockbox LAX-910827 Transaction ID Y-1015553 Front Side
See **Back Side**.

Account Number:
104854385

Please Pay This Amount:
250.00

Due By:
01/07/04

Visa   Mastercard   Discover   American Express

Card Number:

Exp. Date:

Signature:

Amount Paid:

ADDRESS SERVICE REQUESTED

Make Check Payable To SOUTHWEST HEALTHCARE SYSTEM

0001048543850000000002500099999997000000008042

☐ Please check this box if your address or insurance information has changed and record the changes on the back of this statement

Images of all checks, envelopes, and EOBs are stored via Web and on CD ROM permanently. These images can be uploaded into patient folder.

						vice ode	
						9997	0
						9997	0
					461.84	99999997	0
					755.16	99999997	0
					50.00	99999997	0
					38.24	99999997	0
7	7	2	Y-1015547	122000247	0794359877	3460	$ 166.66	00010462670000	0	$ 166.66	99999997	0

PINACLE® WEB

Log-Off | Alert | Modules [Select a Module ▼] | Client Service [Select a Utility ▼]

A/R Advantage   ● Back Home   ❷ Help

| Main Menu | Change Of Address | View Summary Spreadsheet | View Detail Spreadsheet |

Lockbox 910827 - UHS Southwest Healthcare PatientPayments - Web Page on 01/21/2004

Batch and Correspondence Index

Batch Numbers	Transactions	Pages	Amount
235 - 236	81	163	$ 12,491.20
413	18	17	$ 3,398.29
512	2	4	$ 200.00

No Correspondence for this period.

A/R Advantage Pasadena A/R Advantage.

Lockbox batches match posted and rejected payment batches for easy balancing to the patient billing system

NACLE WEB

Log-Off   Alert   Modules [Select a Module ▼]   Client Service [Select a Utility ▼]

R Advantage   ● Back Home

tientPayments for 01/21/2004

h 235

> Check information and payments are posted
> patient number and indexed on a Web
> database

Env	Num Pages	TID	ABA/RT	Account Num	Check Num	Check Amount	First Name	Last Name	Patient Number	Account Type	Amount Due	Service Code
1	2	Y-1015553	322271627	8711767662	3544	$ 250.00			00010485438500	0	$ 250.00	99999997	0
2	2	Y-1015552	322271627	3792588251	2957	$ 50.00			00010509729900	1	$ 50.00	99999997	0
3	2	Y-1015551	122000247	9305752728	001242	$ 2,461.84			00010473912300	0	$ 2,461.84	99999997	0
4	2	Y-1015550	022000868	25000020183319	054086	$ 755.16			00010515083300	1	$ 3,755.16	99999997	0
5	2	Y-1015549	322271724	3854018318	1453	$ 50.00			00010515979200	1	$ 50.00	99999997	0
6	2	Y-1015548	122000661	0630226139	1832	$ 38.24			00010513572700	1	$ 38.24	99999997	0
7	2	Y-1015547	122000247	0794359877	3460	$ 166.66			00010462670000	0	$ 166.66	99999997	0
8	2	Y-1015546	322271627	4442886002	2136	$ 440.77			00010514312700	1	$ 440.77	99999997	0
9	2	Y-1015545	122000247	0601805781	4387	$ 22.94			00010521873900	1	$ 22.94	99999997	0
10	2	Y-1015544	322271627	1983872756	2026	$ 250.00			00010518879100	0	$ 250.00	99999997	0
11	2	Y-1015543	122000247	1195534258	1297	$ 5.00			00010518357800	1	$ 5.00	99999997	0
12	2	Y-1015565	322270408	1230071202	4264	$ 49.43			00010504154500	1	$ 49.43	99999997	0
13	2	Y-1015564	322271627	3921094839	1174	$ 50.00			00010504726000	1	$ 50.00	99999997	0

Back   Forward   Reload   Home   Search   Netscape   Print   Security   Shop   Stop

Bookmarks   Netsite: https://www.treasury.pncbank.com/isc/service_frameset.jsp?main=/cgi-bin/rids/goto_browser_proxy.cgi%3Fuser%3D16860b%26operator%3Dmostermann&service

User's Guide   Internet   Lookup   New&Cool

PINACLE® WEB

Log-Off   Alert   Modules   Select a Module ▼   Client Service   Select a Utility ▼

A/R Advantage   ● Back Home   ❓Help

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A/R Advantage Pasadena A/R Advantage.

Lockbox batches match posted and rejected payment batches for easy balancing to the patient billing system

Cash Allocation Of Investment Income

Zero Balance Account Relationship
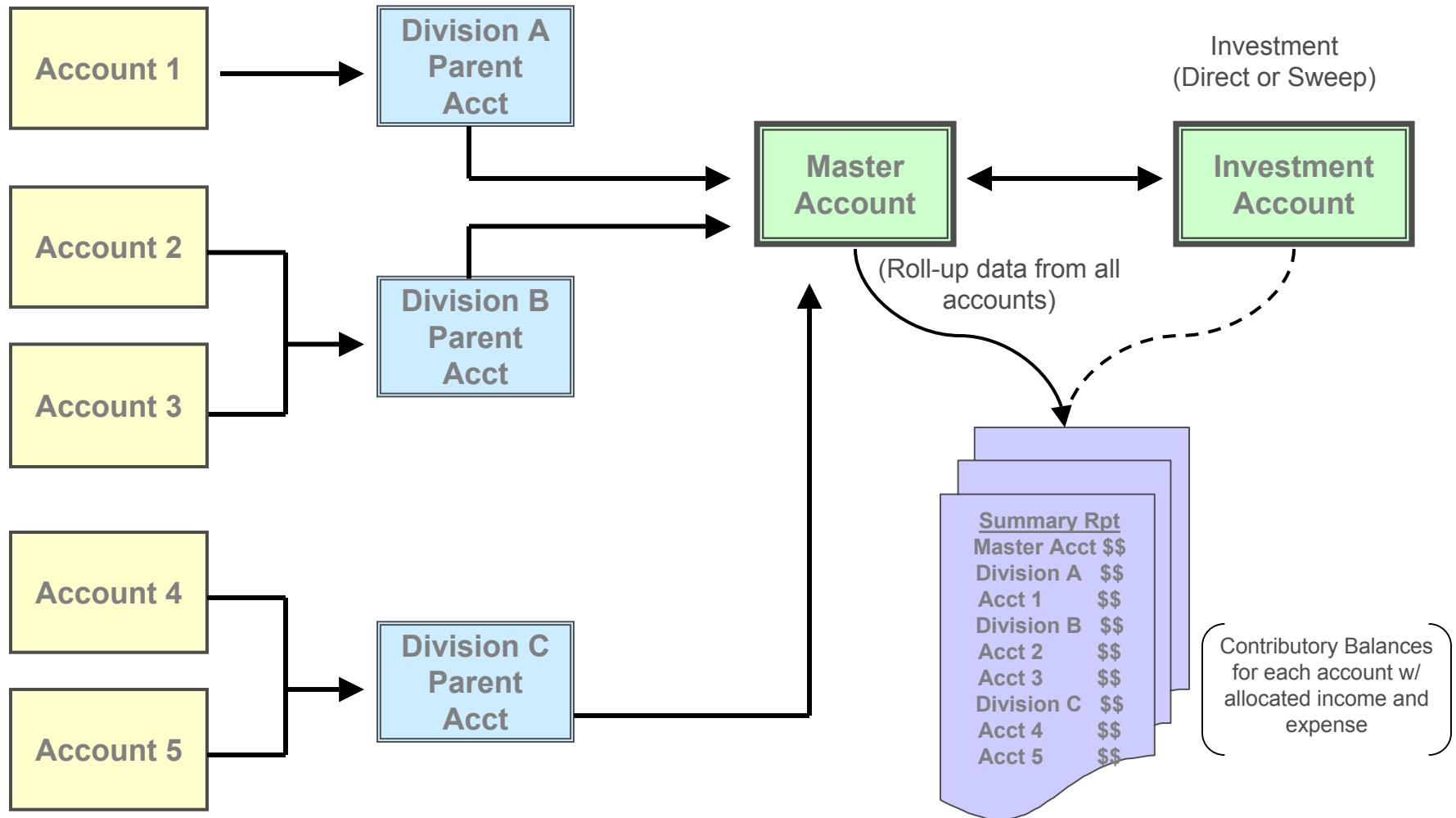
Account 1 → Division A Parent Acct → Master Account ↔ Investment Account

Investment (Direct or Sweep)

Account 2, Account 3 → Division B Parent Acct → Master Account

Account 4, Account 5 → Division C Parent Acct → Master Account

(Roll-up data from all accounts)

Summary Rpt
Master Acct	$$
Division A	$$
Acct 1	$$
Division B	$$
Acct 2	$$
Acct 3	$$
Division C	$$
Acct 4	$$
Acct 5	$$

Contributory Balances for each account w/ allocated income and expense

KEY IMPROVEMENT OPPORTUNITIES TO BILLING PROCESS FLOW

| Schedule visit & register patient | Document encounter | Create & transmit claims | Follow-up, inquire and receive payments | Post payments & appeal errors | **Bill patient and/or secondary payer** | Reporting and trending |

Process changes

- ➢ Redesign of patient statements

- ➢ Work specialization

- ➢ Redesign of patient follow up process

Technology changes

- ➢ Auto printing of patient statements

- ➢ Use of patient statement lockbox

- ➢ Creation of paper claim from electronic

- ➢ Auto submission of secondary claim

Automation Of Self Payment Collection, Deposit and Posting Reduces Administration Costs Dramatically

On average, self payments make up 12% to 14% of Hospital revenue and 29% of Physician revenue

Total Charges = $10.7mm

Source: Claim Care

Digital images of statements are available during the print/mail process and via the Web through the customer service research function or the e-billing process
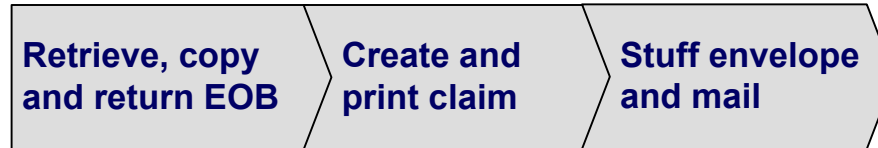
Self Payment Automation Tools

- **Collection at Point-of-Sale through credit card processing or bill**
- **Statement and coupon creation**
- **Lockbox, receivables and correspondence information collection**
- **Data capture of check, credit card, receivables & correspondence**
- **Integration and transmission with other receivables data streams**

Patient →

 PNCBANK

Provider

> **Merchant Services** – Eliminate this receivable altogether by processing patient payments at the time of service through credit card processing capabilities.

> **OCR Lockbox Process** – Utilize a scanline coupon to automate patient pay data capture and upload to your patient accounting system. Consider also including credit card payment options on your coupon.

> **Outsource Scanline Coupon Production and Mailout** – Production and distribution of Patient Bills are often outsourced, further automating this receivables stream.

SECONDARY CLAIMS PROCESSING

Retrieve, copy and return EOB	Create and print claim	Stuff envelope and mail

Total

Typical process

	Retrieve, copy and return EOB	Create and print claim	Stuff envelope and mail	Total
Time:	12 min	2 min	20 – 30 sec	14 min
Labor cost:	$3.75	$0.63	$.13	$4.51
Other cost:	$0.20	$0.30	$0.57	$1.07
				$5.58

"Technology enhanced" process

	Retrieve, copy and return EOB	Create and print claim	Stuff envelope and mail	Total
Time:	20 sec	2 min	0 sec	2.3 min
Labor cost:	$0.10	$0.63	$0.00	$0.73
Other cost:	$0.60	$0.00	$0.51	$1.11
				$1.84

Store and retrieve scanned images

Advanced billing solution auto-generate

Utilize mailing house solution / automated mailer

39

KEY IMPROVEMENT OPPORTUNITIES TO BILLING PROCESS FLOW

| Schedule visit & register patient | Document encounter | Create & transmit claims | Follow-up, inquire and receive payments | Post payments & appeal errors | Bill patient and/or secondary payer | **Reporting and trending** |

Process changes

➢ **Redesign reports to generate small number of targeted reports**

➢ **Augment adjudication process with reports**

➢ **Exception management**

➢ **Utilize reports for performance monitoring and compensation decisions for billing staff**

Technology changes

➢ **Flexible, relational database-driven reporting system**

➢ **Ties into electronic posting of patient payments and claims**

➢ **Ties into general ledger system**

➢ **Ties into contract management system**

So,
What will all this do for me?

IMPLEMENTING BILLING TECHNOLOGY AND PROCESS IMPROVEMENTS CAN HAVE A DRAMATIC EFFECT

Simplifying processes, using software to complement structural redesign and retraining workers, can help hospitals recoup as much as 4% of annual net revenue, Stockamp asserts.

Source: Chris Rauber, "Chain Reactions" *HealthLeaders*, August 2003

HIPAA Transaction Codes Will Save You Money

Using the EDI Transactions Sets
Estimated Savings
Typical 350 Bed Hospital

Personnel	$187,500
Bad Debt Reductions	$1,875,000
Authorization Denial Reductions	$750,000
Other Cost Savings	$20,000
Total	**$2,832,500**

Sample Savings from the 835 Transaction Set Only

Government sponsored distributed healthcare – FTEs, 2ndary billings only

➢ **Finance Office --** Finance staff eliminated, 1 FTE per facility, .5 FTE per clinic, total savings *$2.9MM*

➢ **Business Office --** Business staff eliminated 1.5 FTE per facility, .75 FTE per clinic, total savings *$4.4MM*

➢ Estimated value of incremental secondary/rebilling at sample facility is at $400,000 per month. AT estimated 65% collection rate, value of rebilling = *$3.1MM* for the Gallup Indian Medical Center

Major for profit hospital chain – FTEs, Bank Fees only

➢ Estimated FTE savings (1 FTE per facility; 70 sites; $25,000 per FTE) **= *$1.75MM***

➢ Bank fee reduction - *$500K /yr*

Today's Agenda
Addressed Two Questions

➢ Why should I change my billing/receivable process and technology?

➢ What does a fully technology-enabled process look like?

Key Points

➢ Automation of patient A/R remittance processing can result in significant bottom line impact for providers

➢ Consider the total collection system when making changes
  - Select holistic, synergistic approach

➢ Process design is as important as technology utilization and selection

Engage A Clearinghouse
In Collecting 835s

Minimize

➢ Data communication costs

➢ Compliance and legal costs (TPA mgmt.)

➢ Implementation and testing costs

➢ Internal IT costs

➢ Matching of payments to claims (Financial Clearinghouse)

➢ Funded data for posting (Financial Clearinghouse)

Aetna

Medicaid

**Blue Cross &
Blue Shield**

Cigna

Humana   **Medicare**   **United Health Care**

Savings Using New A/R Processes

Increased efficiencies in using electronic posting/imaging of claims

- Improve accuracy (5% data entry errors)
- Reduce data entry time
- Reduce/eliminate rework
- Reduce file retrieval time
- Higher cash application rates

Reduced costs

- Operational costs (office supplies, postal costs and telephone charges)
- Avoid/reduce data entry FTEs
- Avoid multiple trips to bank, mail facilities
- Avoid record storage cost

Savings Using New A/R Processes

Improve cash flow

➢ Shorten the accounts receivable cycle

➢ Reduce days in A/R

Enhance credit due to improved balance sheet

➢ Lisa Zuckerman, a Director for Standard & Poor's who analyzes hospitals' financial results states, "Across the board improved revenue cycle management is the biggest reason for improved results among those hospitals doing better today than they were a few years ago."

Reduce Costs & Increase Net Income & Bond Ratings

Source: Chris Rauber, "Chain Reactions" *HealthLeaders*, August 2003

Speaker

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Mr. Brazen is responsible for coordinating all new product development, advertising, regional sales activities, healthcare industry conference sponsorships and targeted marketing programs for PNC Bank's e-Healthcare Solutions. Mr. Brazen has over fifteen years experience in marketing and product development with FedEx, Bell Atlantic, and Dun and Bradstreet companies. Mr. Brazen holds an MBA from the Indiana University of Pennsylvania and received his BA from Indiana University of Pennsylvania. Mr. Brazen is the Past President of the Pittsburgh Chapter of the American Marketing Association, member of the Healthcare Financial Management Association and Certified Treasury Manager (CTM). Mr. Brazen has presented healthcare solutions at various local and national healthcare seminars.

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