

## TMF Increases Its National Presence With Purchase of C2C Solutions, Inc.



TMF Health Quality Institute has acquired C2C Solutions, Inc., a company that resolves payment disputes between Medicare Advantage organizations, private fee-for-service plans and other health plan providers. C2C also adjudicates reconsiderations of Medicare Part B payment denials and Medicare durable medical equipment denials. The company has been a Qualified Independent Contractor (QIC) since 2004 and has offices in Jacksonville, FL and Chattanooga, TN.

"This acquisition helps TMF expand our scope of service and increases our presence in the government contracting market," said Tom Manley, CEO. "It really solidifies our stature as a national health care consulting and service provider."

The Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act (BIPA) of 2000 included provisions aimed at improving the Medicare appeals process. Part of the provisions mandates that a QIC will perform second-level appeals known as reconsiderations. C2C, as a QIC, renders review decisions on reconsiderations for medical necessity denials.

C2C handles reconsiderations for Medicare Part B denials for patients in 36 northern U.S. states and three U.S. territories. It is a QIC for Medicare durable medical equipment

denials for the United States and the U.S. territories and serves as the national independent entity to resolve payment disputes involving Medicare Advantage programs, private fee-for-service plans and deemed and non-contracted providers.

**C2C was recently awarded an additional task order under its QIO contract with the Centers for Medicare & Medicaid Services (CMS) to conduct reconsiderations of initial Medicare claims determinations concerning durable medical equipment. C2C will perform this work across the U.S. and its territories.**

## TMF Contracted to Help Support Center for Medicare & Medicaid Innovation

**TMF Health Quality Institute, as a subcontractor to the American Institutes for Research (AIR), will support the efforts of the Center for Medicare & Medicaid Innovation to be an information clearinghouse of best practices in health care innovation.**

The Innovation Center will examine new ways of delivering health care and paying health care providers that can save money for Medicare and Medicaid while improving the quality of care patients receive. It will identify and validate models of care that have been effective in achieving better outcomes and lowering costs.

All new program models tested by the Innovation Center will bring stakeholders together to learn from one another by sharing breakthrough ideas that could accelerate progress. The Center will be introducing rigorous approaches to testing new practices and actively measuring success. TMF and AIR will support the Innovation Center in managing these learning communities and improvement networks.

### TMF's role

- Managing learning and improvement networks – For each Innovation Center program model, the AIR/TMF team will develop and maintain a core curriculum, recruit faculty, plan and conduct meetings and provide training regarding the fundamentals of quality improvement and operations research.
- Disseminating new learning – The AIR/TMF team will support discovery and dissemination of new learning from the learning and improvement networks through data collection, site visits, map development and recognition of highly successful sites.
- Creating a Web-based platform – The AIR/TMF team will develop a Web-based platform for knowledge sharing, collaboration and reporting.

- Developing regional improvement networks – The AIR/TMF team will develop a regionally distributed network of organizations capable of providing support to participants in the Innovation Center models.

The Innovation Center was established by the Patient Protection and Affordable Care Act for revitalizing and sustaining Medicare, Medicaid and the Children's Health Insurance Program.

The Center will also promote the use of "bundled payments," as a more efficient approach to paying for care. In this approach, providers collaborate to manage multiple procedures as part of a single episode with a single "bundled payment" rather than the current fee-for-service method of submitting separate bills for each procedure, which leads to higher costs. The Center will develop new models that make it easier for doctors and clinicians in different care settings to work together to care for a patient, such as health home models, and support innovations in accountable care organizations.

## CMS, Customers Satisfied with TMF's FATHOM/PEPPER Production

TMF's FATHOM/PEPPER contract with the Centers for Medicare & Medicaid Services (CMS) ended the contract year in September 2011 with full satisfaction from CMS on TMF's 72 deliverables, plus 88 percent satisfaction from the 766 customers requesting assistance from the PEPPERresources.org Help Desk.

The First-look Analysis Tool for Hospital Outlier Monitoring (FATHOM) and the Program for Evaluating Payment Patterns Electronic Report (PEPPER) help identify potential improper Medicare payments by summarizing paid inpatient Medicare claims data and identifying outlier providers.

FATHOM is provided to CMS, as well as to Medicare Administrative Contractors/ Fiscal Intermediaries and Recovery Audit Contractors, to support their medical review and provider education efforts. PEPPER is a provider-specific comparative data report that can help guide providers to areas for auditing and monitoring. Previously only available for short-term and long-term acute care hospitals, during the recent contract year TMF developed reports for critical access hospitals, inpatient psychiatric facilities and inpatient rehabilitation facilities. In addition, 18 new risk areas were added to the PEPPER for short-term acute care hospitals.

For the current contract year, CMS has asked TMF to develop a national FATHOM application, which will produce reports for all hospitals in the nation. In addition, TMF will develop reports for two new health care settings. The team is currently analyzing data for hospice programs, psychiatric partial hospitalization programs and skilled nursing facilities.



Earl E. Smith III,  
MD, FACEP

## EHRs Promise Better Health Care Through Efficiency

As we have amazingly arrived at another holiday season, I will start by wishing everyone a happy and joyous season.

Each day of our lives, almost invariably, has some element of frustration in it from an event that occurred during that day. Many of these events could have been avoided by having tools available that lessen the likelihood of such an event. In health care, we certainly deal with this frequently during the attempt to provide the right care at the right time, every time. Seemingly simple tasks such as getting information from one location to another sometimes turn out to be monumental tasks for which a readily available solution exists.

Electronic health records (EHRs) hold the promise of simplifying and improving the delivery of health care via improved efficiency and effectiveness. The more likely the practitioner is to have all information and data available

at the time it is needed, the greater the likelihood that the clinical decisions made and clinical plan developed will be improved. Clearly, the frustration attached to making calls for information, getting faxes, getting old records from various sources, etc., would be significantly reduced if all this data were already in a single repository. The adoption of EHRs represents a considerable challenge for most of us due to numerous reasons.

As a part of our current contract with the Centers for Medicare & Medicaid Services, we at TMF Health Quality Institute have the privilege of working with practices to assist them in getting more functionality from their EHR systems. We also are working with practices via contracts with three of the Regional Extension Centers in Texas that are also attempting to assist practices with improved EHR utilization. We hope all of this activity will get us to the near-universal use of EHRs for the benefit of patients and providers throughout Texas. From a practical point of view and to demonstrate where this could take us, please visit the link provided to view a three-minute presentation on the potential future of EHRs in health care <http://tinyurl.com/TheDavidSandyStory>.

## Ask Medicare Campaign Provides Resource for Caregivers

*Ask Medicare* is a Centers for Medicare & Medicaid Services (CMS) campaign to educate and support caregivers of Medicare beneficiaries. It is an additional resource to which health care professionals and support organizations can direct patients and their caregivers for comprehensive information on Medicare.

Through the campaign website [www.medicare.gov/caregivers](http://www.medicare.gov/caregivers), caregivers and patients can learn about the Medicare program and review benefits and coverage options; find health care providers such as physicians, nursing homes and long-term care facilities; find answers to billing questions; and locate financial, legal and local resources. Also, those who want to stay up-to-date on the latest news and resources can sign up for the campaign's *Ask Medicare* e-newsletter.

*Please sign up to receive the electronic version of our newsletter:*  
[www.tmf.org/eneewsletter](http://www.tmf.org/eneewsletter)

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