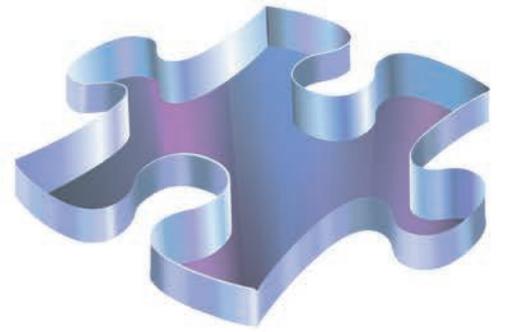
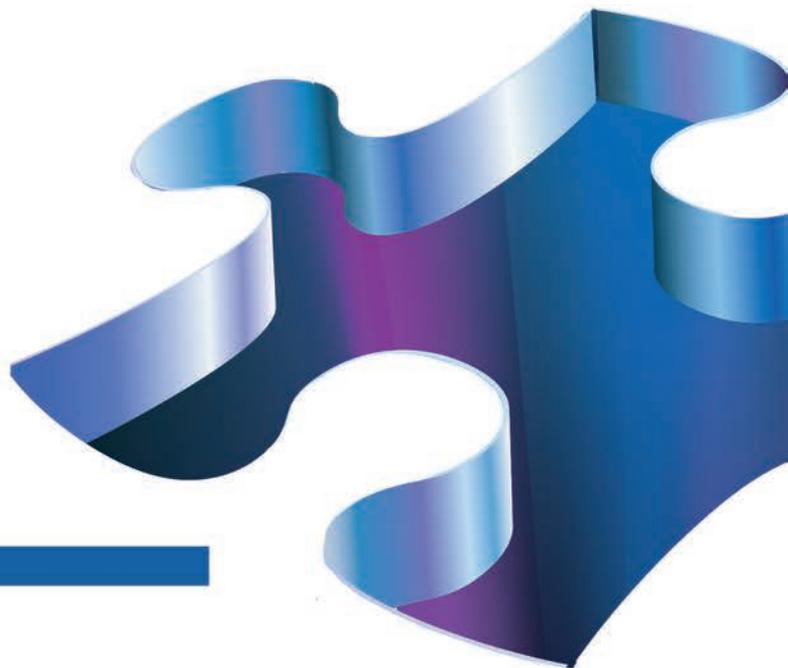


CONTROL

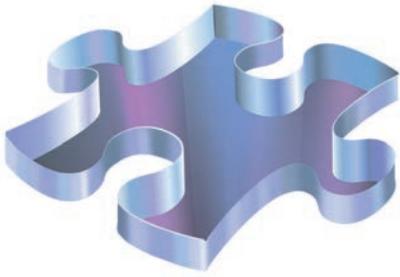
TMG Health *white paper series*



Perspectives on Control
in the BUSINESS PROCESS
OUTSOURCING *discussion*



 TMG Health



The efficient administration of benefit plans can not only lower costs throughout the country's health care system, but even help to improve quality.

A KEY ELEMENT OF FUTURE HEALTH CARE PROGRAM ADMINISTRATION

A common theme emerging among multiple current health care reform proposals is for stakeholders in the health care equation to assume greater responsibility for ensuring the effectiveness of program administration.

The managed care industry's trade association, America's Health Insurance Plans (AHIP) has been at the forefront of touting such a focus. In its Comprehensive Reform Proposal released in December, 2008 ... the byproduct of three years of policy development by AHIP's Board of Directors ... the emphasis on adding value through improved program administration is abundant.

"The nation must create a 21st century system where quality and effectiveness are rewarded, administrative efficiency is achieved, and primary care and wellness are encouraged," states AHIP.

"Health plans (must) commit to streamlining administrative processes and propose making targeted investments in our public health infrastructure," adds the organization, which serves health plans covering over 200 million Americans.

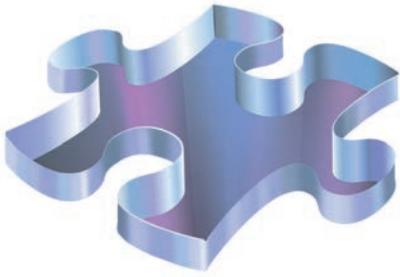
ACCOUNTABILITY BY ANY OTHER NAME

Prompted by concerns that the U.S. health care system suffers from serious gaps in quality and widespread waste, other efforts to make the health care delivery system more efficient are also rapidly surfacing. These proposals all address the cost of poorly coordinated care and administered services.

A new Commonwealth Fund-supported paper explores an alternative approach to performance measurement and payment reform, one that considers the continuum of patient care: the development of "accountable care organizations." Dartmouth College's Elliott S. Fisher, M.D., M.P.H., lead author of "Creating Accountable Care Organizations: The Extended Hospital Medical Staff" (Health Affairs Web Exclusive, Dec. 5, 2006), believes these virtual organizations—which comprise local health care delivery systems and the physicians who work within and around them—should be a focal point for quality improvement initiatives.¹

The efficient administration of benefit plans can not only lower costs throughout the country's health care system, but even help to improve quality. That's the emphasis of legislation introduced by Senate Finance Committee Chairman Max Baucus (D-Mont.) and Budget Committee Chairman Kent Conrad (D-N.D.).

"Doctors and patients need reliable, unbiased information about the effectiveness of treatments to determine the best care possible, but right now that data is scarce and unorganized," says Baucus.²



With rapid changes continuing to take place in regulations and reimbursement, health plans need to be assured that they can accurately measure their performance and rapidly respond when needed.

YOU ARE IN COMMAND

But what are the ramifications of poorly coordinated administrative services in today's volatile government health programs market? Put simply, they are considerable.

Increased difficulty in meeting compliance requirements remains a chief concern of health plans operating in the categories of Medicare Advantage, Medicaid Managed Care and SCHIP. And reductions in reimbursement continue to place an even greater emphasis for plans to be efficient in delivering their products and services.

With rapid changes continuing to take place in regulations and reimbursement, health plans need to be assured that they can accurately measure their performance and rapidly respond when needed. In other words, health plans need to be in control.

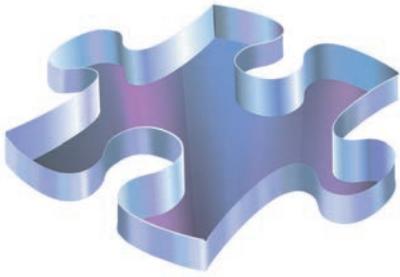
Increasingly, health plans are realizing that control need not be synonymous with having to own a managed care information system or employ staff to administer their products. Instead, using Business Process Outsourcing (BPO) strategies are helping more and more plans actually increase their degree of control over government health products.

RELATIONSHIPS FOUNDED IN TRANSPARENCY

TMG Health's BPO services provide comprehensive solutions to the challenges of administering high risk, low margin and often volatile government health products. By applying constant monitoring techniques and by utilizing industry best practices in government health program administration, we are able to provide our business partners with an "early alert" system. TMG Health helps eliminate the potential for our clients to be blindsided by a problem by alerting them to issues before they become crises. Consistent, proven business processes means repeatable success for your health plan.

Control starts with each TMG Health client defining its own critical performance indicators. Many of these are driven by CMS compliance requirements but many are unique and equally important to each health plan. TMG Health provides both monthly as well as real-time monitoring tools to enable our clients to oversee our administration of their government health products.

Using dashboards that are customized based on each client's contractual service level agreement (SLA), TMG Health provides online, real-time, access to the key operational and performance measures. This immediate access to valuable operational information allows full transparency into our performance. Each TMG Health client can quickly assess compliance with both CMS regulations as well as specific performance measures.



*With more than ten years of
experience in the government
health programs industry, TMG
Health brings to our clients time
tested and proven industry
“best practices.”*

ALL COMPLEMENTED BY A PERSONAL TOUCH

Control with any outsourcing relationship should also mean the ability to have a focused and accountable organization dedicated to your success. TMG Health’s early alert system is comprised not only of meaningful reports, but focused, customer-centric, staff to help each health plan take command of their program.

Every TMG Health client is assigned an Account Manager for the duration of their contract. Among the responsibilities of the Account Manager is to monitor their clients’ data on an ongoing basis, providing even greater assurance that our health plans are never blindsided by the unexpected.

Moreover, our governance model allows each client to connect with all levels of company personnel, from data entry operators to senior executives. TMG Health’s BPO service approach brings a dedicated a team with years of experience in administering government health programs. We understand that access to people is as important as access to information, and TMG Health clients are in command of both.

With more than ten years of experience in the government health programs industry, TMG Health brings to our clients time tested and proven industry “best practices.” Our expertise helps ensure that we will administer our clients’ Medicare Advantage, Medicaid Managed Care and SCHIP programs with effective, repeatable processes, including early warning detection of potential issues. Our employees utilize highly automated and consistent operational methodologies that result in repeatable success and a “zero defect” culture. It’s a formula that leads to the most important byproduct of all: a business partner you can trust.

¹ *Creating Accountable Care Organizations: The Extended Hospital Medical Staff, February 22, 2007 | Volume 76. Elliott S. Fisher, M.D., M.P.H., Douglas O. Staiger, Ph.D., Julie P. W. Bynum, M.D., M.P.H., and Daniel J. Gottlieb, M.S.*

² **Bacus-Conrad Proposal Can Improve Quality, Lower Costs Throughout American Health System; Press Release August 1, 2008.*