



3M Consulting Services — 3M™ APC Assurance™ Program

- Improves the accuracy and integrity of outpatient billing
- Helps achieve appropriate and timely outpatient reimbursement for improved cash flow
- Addresses issues related to procedures or systems that may be creating rework, delaying payments, and increasing compliance risks

Proven results

- Identify departments with the greatest opportunity for process improvement under the outpatient prospective payment system
- Significant opportunities to improve reimbursement (range of \$50,000 to \$4 million)
- Accelerated cash flow
- Increased volume of clean claims
- Reduced denials, unpaid claims, and rework

Challenges in the outpatient environment

By analyzing thousands of outpatient claims for hospitals nationwide, 3M Consulting Services has uncovered recurring patterns of problems in hospitals and healthcare systems that result in either denial or delay of payment for outpatient claims.

These problems can result in substantial lost reimbursement and possibly an increased compliance risk. Some providers are resorting to “black box” claims scrubbers and extensive manual rework to “clean” their claims to pass Centers for Medicare and Medicaid Services (CMS) edits, without a clear understanding that these efforts may actually compound the lost reimbursement or compliance problems. Often the information systems and processes currently in place are proving inadequate to measure and assess the real impact of the problems. By analyzing your organization’s claims and processes, the experts from 3M Consulting Services can identify the recurring issues that result in coding, billing, and charging errors. 3M Consulting Services has designed 3M APC Assurance to help you improve annual cash flow, prevent denials or delayed payments, and receive accurate reimbursement.

The objectives

3M APC Assurance can help your organization promote the accuracy and integrity of outpatient billing for compliance with CMS regulations. 3M Consulting Services focuses on education, process improvement, and ongoing performance monitoring by:

- Improving processes to identify and manage payment delays, rejections, and denials, and thus promote accurate reimbursement
- Providing continuous monitoring tools to identify and track focus areas
- Improving documentation as a result of better physician education and communication



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- Promoting accurate and complete code assignment through routine review and educational sessions with the HIM department staff and those responsible for the chargemaster
- Educating staff to promote compliance with CMS and hospital guidelines

Identify valuable improvement opportunities

3M Consulting Services can help hospitals improve their annual cash flow, prevent denied or delayed payments, and achieve accurate payment, by identifying the areas where improvements would prove most beneficial. On average, 3M APC Assurance has identified annual cash flow or reimbursement improvement opportunities in individual hospitals of up to \$4 million.

A step-by-step approach

3M APC Assurance is conducted in three phases:

- **Phase 1: Assess/Identify/Plan.** This phase has these objectives:
 - Confirm the areas and magnitude of opportunity to be expected from the program
 - Identify processes that are causing rework and resulting in delayed payments
 - Develop a plan for implementing 3M APC Assurance to meet the specific needs of each facility
- **Phase 2: Implementation.** This phase is customized for each client and typically consists of education for staff and physicians, establishment of performance baselines, and development of the program's infrastructure. Based on the findings in Phase 1, 3M consultants then recommend specific steps for implementing the program.
- **Phase 3: Follow-up and monitoring.** This phase reinforces the 3M APC Assurance program's concepts through continued training based on quarterly audits, data analysis, and benchmarking.

The key benefits

- Accelerated cash flow
- Improved payment, data, and contractual allowance reporting accuracy
- Increased volume of clean claims and a reduction in denials, unpaid claims, and rework
- More accurate documentation, which in turn can enhance coding and billing efficiency
- Better partnerships between the hospital and medical staffs
- Stronger foundations for care planning, resource utilization, and outcome studies
- Appropriate reimbursement from APC-based payers that more clearly reflects medical necessity, resource utilization, treatment, and procedures
- Enhanced regulatory compliance with CMS rules and regulations
- Significant process improvement opportunities, as well as opportunities to improve reimbursement (range of \$50,000 to \$4 million)

Why choose 3M?

3M APC Assurance empowers an interdepartmental team—including chargemaster management and coding personnel—to interact with clinical departments and improve outpatient payment accuracy and completeness. Automated tools are installed to enhance existing processes in charging and coding. By applying these software tools, educational resources, and online support, the hospital can achieve continuous APC billing improvement.

This multi-disciplinary effort also provides improved data that can be used to determine service line profitability as well as clinical best practices in the outpatient environment. Finally, the 3M Consulting Services team can continue to monitor your organization for effective management of the program.

Call today

For more information on how 3M solutions can assist your organization, contact your 3M sales representative, call us toll-free at **800-367-2447**, or visit us online at **www.3Mhis.com**.



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Published 06/08
70-2009-8882-5