

3M[™] Healthcare Transformation Suite

- Offers data aggregation, program design and actionable analytics for value-based care initiatives
- Provides consultative support and analytic tools across data intake, program development, implementation and monitoring
- Backed by decades of experience supporting value-based payment for private health plans and Medicaid agencies

The 3M advantage

The 3M Healthcare Transformation Suite combines payment-related methodologies, program design, reporting and analytics tools, and consulting services to support payers with the move from fee-forservice to value-based payment.

The suite is backed by 3M's extensive experience with value-based care. To date, we have:

- Processed claims for over 53 million covered lives at a rate of 1.3 billion claims per month
- Designed programs and/or provided analytics for 27 state Medicaid agencies, 135 commercial payers, 33 provider-owned health plans and 23 health systems

Health care is changing, and payers must change with it

Economic shifts demand an entirely new way of delivering and paying for health care. The Affordable Care Act (ACA) mandates increased access to care, consumers want more transparency and care satisfaction, and a growing Medicare population means we must find a way to contain costs.

To reduce costs while improving quality, payers and their providers are turning to value-based care models, where reimbursement is based on clinical and financial outcomes rather than fee for service. But designing, implementing and remaining successful under these programs calls for sophisticated technical capabilities.

Embrace value-based care with the 3M Healthcare Transformation Suite

The 3M Healthcare Transformation Suite helps healthcare payers implement and manage value-based care programs collaboratively with providers. The suite is a collection of consulting services, analytics and software as a service (SaaS) programs designed to help you:

- Transform payment methodologies. Design payment models that reward providers for quality of care, not quantity of services.
- Assess risk. Evaluate which organizations are ready to participate in risk-based programs, such as state insurance marketplaces or accountable care organizations.
- Manage population health. Manage the cost and care of an entire population across the health continuum.
- Deliver and reward value-based care. Provide accessible, actionable
 data to stakeholders so they can improve patient experience and
 cost-effective care, whether at a local level, within a payer network or among
 regional organizations.

3M[™] Healthcare Transformation Suite

First, lay the groundwork

3M offers two critical components as the backbone for all value-based care initiatives:

- The 3M™ Intelligent Data Asset
 uses claims data to build a dataset
 of reliable, actionable metrics on
 cost, quality, access and value. Our
 system for data intake, processing
 and analysis harmonizes claims
 data from various sources, creating
 a solid data foundation that informs
 and supports your efforts to
 increase healthcare value.
- 2. With your dataset in place, 3M™ Program Design and Performance Management provides strategic and logistical support across program design, implementation and management. 3M consultants and analysts help you set goals, allocate resources and define performance objectives. Our dashboards measure and track key performance indicators and progress toward program goals.

Second, put your program into action

Once you have a dataset and performance dashboard in place, you can select from several modules aligned to your specific goals:

- Identify value improvement opportunities. 3M[™] Strategic Opportunity Analysis examines your organization's data to reveal optimal provider partnerships, payment design, patient programs and more.
- Analyze and communicate data. 3M[™] Informed Analytics Platform offers rich data mining and visualization tools for effectively communicating and securely sharing information among stakeholders.
- Measure healthcare value. 3M[™] Value Index Score is a composite score representing the quality of care a provider delivers, as it relates to cost. It helps prioritize interventions and design incentive-based programs.
- Enhance patient engagement. 3M™ AssessMyHealth Tool is a health risk assessment for primary care physicians that identifies care gaps and health risks based on patient-reported data. It also helps engage patients in managing their own care.
- Link payment and outcomes. 3M[™] Payment Transformation Programs combine consulting services and payment methodologies to reduce variation in how services are currently reimbursed and then align provider incentives with performance.
- Measure provider and specialist performance. 3M[™] Provider Performance Management Program provides reports and online tools that evaluate provider and specialist performance as they relate to cost and quality.
- Assess and reconfigure provider networks. 3M[™] Network Manager uses comparative data on total cost of care, access and quality to instantly show how network adjustments might affect overall performance.
- Accurately capture risk. 3M[™] Risk Optimization Services simulate member health risk for plans participating on the state exchanges so you can identify care gaps and receive full potential reimbursement.

Call today

For more information on how 3M software and services 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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