

Value-added products for 3M business partners

- Powerful reimbursement calculation, grouping and performance measurement solutions for inpatient, outpatient, Medicare, and non-Medicare reimbursement models
- Flexible, scalable medical necessity and compliance solutions for regulatory changes, cleaner claims, and quality and compliance initiatives
- Standardized nomenclature and terminology mapping services to expand electronic health record (EHR) systems

One size seldom fits all

3M business partner product offerings can be scaled to meet the needs of a wide range of businesses, from small- and medium-sized companies providing focused solutions to large health information system (HIS) companies.

Whether you are providing solutions for decision support, quality measurement, revenue cycle management, regulatory compliance, or other applications, 3M has healthcare industry expertise as well as content rich, robust products to meet your needs.

Delivering high-quality, cost-effective, scalable solutions

As a software or service provider in a competitive healthcare IT market, you are always on the lookout for opportunities to add value for your clients and at the same time minimize your own development costs and delivery deadlines. Value added products that can be integrated or embedded into your own solutions can be especially effective in providing a seamless solution to your clients.

One measure of a product's value is the quality of its content. Part of the 3M Health Care family, 3M Health Information Systems is a leading provider of advanced reimbursement, compliance, and performance management solutions used by more than 5,000 healthcare organizations in 20 countries worldwide.

Well-known for high-quality data content, 3M products are developed and supported by skilled teams of subject matter experts—including HIM professionals, nosologists, nurses, billing experts, and medical informatics professionals.

The 3M advantage: Expertise and experience

For more than 30 years, **3M Health Information Systems** has consistently supplied clients with coding and compliance updates required by today's constantly changing regulatory environment. 3M understands how the Centers for Medicare & Medicaid Services (CMS), state agencies, and payers operate, and we prepare for change by continuously monitoring the latest regulatory information to generate up-to-date content for our coding, grouping, and compliance solutions.

Now, thanks to the **3M Alliance Partner Program** (see sidebar on page 4), your software and system solutions can benefit from 3M expertise, experience and support without burdening your organization with the regulatory reviews and updates.

The advantages of adding 3M™ APR DRGs

The **3M™ APR DRG Classification System** allows hospitals to accurately and efficiently assign patient records to severity-adjusted DRGs for evaluation and verification. The system also assists hospital staff members in calculating the severity-adjusted case mix index used by an organization to monitor performance and calculate reimbursement.

Like all solutions from 3M, the 3M APR DRG Classification System is backed by support services and decades of coding and reimbursement experience. Now 3M offers the power of 3M APR DRGs to our business partners in a wide range of configurations through the **3M™ Grouper Plus Content Services** or the **3M™ Core Grouping Software**. 3M APR DRGs deliver value to both you and your clients by:

- Allowing you to respond to client demand for a severity-adjusted solution by embedding the 3M APR DRGs directly into your software or interfacing to other products
- Providing a valuable tool for severity-of-illness risk adjustment
- Providing the ability to estimate risk of mortality for comparison with actual mortality rates
- Delivering a proven interface that affords easy connection to other software solutions
- Offering your clients the ability to accurately group all patient data, including neonatal, pediatric, obstetric, and other clinical areas not usually represented by the CMS DRGs
- Providing annual updates and electronic documentation

Grouping software for the 21st century

Although widely known for our coding expertise, 3M Health Information Systems is also a leading developer and provider of grouping software, commonly referred to in the industry as “**groupers**.” In essence, a grouper is software designed to assign coded patient records to the appropriate classification group for evaluation, verification, and reimbursement (e.g., inpatient records are assigned to Diagnosis Related Groups and outpatient records are assigned to Ambulatory Payment Classifications).

Likewise, 3M also offers “**editors**,” which are software components that use expert logic to evaluate the accuracy and completeness of medical claims and identify potential errors or coding problems. The editor flags these potential issues with messages, or edits, to aid in clinical consistency and correct medical coding on a record. This feature provides timely and correct calculations of estimated reimbursement for services performed.

3M offers a wide variety of powerful groupers designed to deliver accuracy, efficiency, and simplicity for both healthcare providers and payers. Available from a cloud-based solution or embedded into your software systems or solutions, 3M groupers are widely used throughout the healthcare industry to provide Medicare and non-Medicare grouping and pricing information for both inpatient and outpatient claims.

3M groupers include tables and programs for assigning classification codes and can help our clients evaluate the accuracy and completeness of data, identify potential coding errors, and verify hospital claims for reimbursement. In addition, our content is adaptable and scalable for large or small data volume requirements.

3M™ Grouper Plus Content Services (GPCS)

Available exclusively to 3M business partners, the **3M™ Grouper Plus Content Services** are designed to help businesses faced with intense IT resource pressures and time constraints. 3M GPCS offers rich regulatory and 3M-proprietary content delivered through industry standard interfaces and a cloud environment, leveraging web technology to deliver content with improved timeliness and reduced maintenance.

This solution provides up-to date, secure access to grouping, reimbursement, editing, and pay for-outcomes classifications, and the content can be viewed from many different workflows. 3M business partners can access the current regulatory data and logic they need, maintained and supported by 3M Health Information Systems and its 30 years of experience and expertise in editing, grouping and reimbursement methodologies.

This next-generation content distribution approach offers:

- Immediate access to available content with various prospective payment methodologies, including multiple versions of groupers and code sets
- No workflow interruptions or interface changes when new content is received
- Reduced IT maintenance, no local installation and ease of implementation using industry-standard, SOAP-based web services
- Ability to perform large batch or real-time data processing

3M GPCS offers content ranging from major CMS grouping methodologies to medical necessity edits to reimbursement for CMS long-term care, ASC and renal dialysis facilities. 3M also offers a variety of proprietary groupers, including:

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- The **3M™ APR DRG Software** and **3M™ Enhanced APG System** for inpatient and outpatient settings
- Pay-for-outcomes groupers such as the **3M™ Potentially Preventable Readmissions (PPRs)**, **3M™ Potentially Preventable Complications (PPCs)** and **3M™ Population-focused Preventables Software**
- Bundled payment groupers, such as the **3M™ Patient-focused Episodes (PFE) Software**

For more details on these proprietary groupers and current content lists, contact your 3M representative.

3M™ Core Grouping Software

Designed for Microsoft® Windows® platforms, the 3M Core Grouping Software is also available to 3M business partners. This software supports analysis and processing of claims data based on Medicare and non-Medicare inpatient, outpatient and population health methodologies. It provides the same grouping, editing and reimbursement content as 3M GPCS.

Medical necessity solutions

Healthcare organizations today struggle with increasingly complex medical necessity regulations, in part because they lack the integrated processes and tools to verify compliance before the bill is dropped. Organizations need help in effectively checking medical necessity at all appropriate points in the healthcare revenue cycle, because medical necessity errors can significantly impact the financial health of an organization and increase its compliance risk.

3M medical necessity and compliance solutions for business partners are designed for easy integration and provide medical necessity validation at one or more key points in the enterprise workflow. 3M's team of subject matter experts routinely and regularly updates medical necessity content, so accurate medical necessity content is maintained and available within today's evolving pay-for performance environment. The applications described below are available to 3M business partners.

3M™ Medical Necessity Dictionaries

The 3M Medical Necessity Dictionaries (for Medicare Parts A and B or customized for client-specific requirements) eliminate the need to regularly collect, analyze, and validate Local Coverage Determination (LCD) or National Coverage Determination (NCD) information or perform manual reviews.

3M™ Medical Necessity Dictionaries for Medicaid and private payers

The **3M Medical Necessity Dictionaries** for Medicaid and private payers are also available in state- and payer-specific versions for several state and third-party payer entities. The medical necessity data files can be embedded within existing HIS, electronic health record (EHR), claims, billing, and practice management systems to provide medical necessity validation during scheduling, registration, and claims processing. This offers a unique opportunity to deploy consistent medical necessity validation capabilities throughout the revenue cycle.

Clinical terminology services

Incredible amounts of healthcare data are gathered by legacy information systems, but very little can be shared or aggregated in a meaningful way for treatment decisions and outcomes analysis. Until all of a patient's data can be aggregated into a uniquely identified record, an enterprise cannot assemble comprehensive, longitudinal patient records. To leverage computerized healthcare data, that data must be concretely defined and consistently translated into a standard, meaningful language. 3M clinical terminology services help clinicians capture patient data in a variety of ways and make it available when and where it is needed. The open architecture and industry-standard components integrate with existing legacy systems and make department-specific data available to professionals throughout the healthcare continuum. The computer-based patient record applications described below are available to 3M business partners.

3M™ Healthcare Data Dictionary and 3M™ Terminology Consulting Services

The **3M Healthcare Data Dictionary (HDD)** is a controlled vocabulary server that allows systems to translate and integrate patient data into a standard, meaningful language that can be used regardless of where it originates. The 3M HDD and mapping services can be incorporated seamlessly into a solution to begin sharing and aggregating the information in meaningful ways.

3M Terminology Consulting Services is a program built around the content and technology of the 3M HDD to help provide true data interoperability and comprehensive terminology analysis, implementation and data "mapping" (cross-referencing) services. Delivered by seasoned medical informaticists with more than 20 years of data dictionary development experience, this program can help an organization understand the impact of multiple, diverse terminologies on its clinical systems, data repository, and EHR.

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The 3M HDD and 3M Terminology Consulting Services can help:

- Enable semantic interoperability
- Offer real-time interoperable patient data
- Provide a road map to the content and structure of patient data by defining and translating every data element in a computerized patient record across all domains, including ICD-9, ICD-10, General Equivalence Mappings (GEMs), SNOMED CT®, LOINC®, RxNORM and more
- Make relevant data available for clinical decision-making, research, public health and quality reporting, and also make it reliable, understood and trusted by the IT systems that exchange it and the users who need it

Call today

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

The 3M Alliance Partner Program

The 3M Alliance Partner Program creates strategic business alliances between 3M Health Information Systems and another solution provider. Although the program does not create a partnership in the legal sense of the word between 3M and any person or organization, a 3M Alliance Partnership can help generate additional revenue for your business and provide your clients with valuable 3M applications. We offer several partnership choices, including:

- **Value-added re-seller partner** - Entities that play an active role in the promotion of 3M Health Information Systems products or services by incorporating 3M content into their own solutions. Qualified partners will be required to generate a minimum volume of sales in this arrangement.
- **Data processing partner** - Entities that use 3M Health Information Systems products to create separate products or services for their clients. Qualified partners will be required to generate a minimum volume of sales in this arrangement.
- **Consulting partner** - Entities that use 3M Health Information Systems products or services to deliver independent analysis or advice to clients.
- **Interfaced solution providers** - Companies that have created an interface between their solution and 3M software.



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