



# 3M™ Health Data Management System



**COMPLIANCE**



**QUALITY**



**REVENUE  
MANAGEMENT**

With the 3M Health Data Management System, we see a more accurate picture of our organization's health.

It's only natural to assume that the highest quality of care incurs higher costs. And by this logic, one might also assume that you must compromise your quality of care in order to be financially healthy. But the 3M™ Health Data Management System helps you unite and understand your financial and clinical data, so you can achieve both sound financial health and the highest quality of care. The 3M Health Data Management System starts by helping you more accurately capture your data at the coding, pre-bill, and remittance stages. Then, it integrates your data—case management, quality and utilization management, coding and reimbursement, and performance measurements—into a single database for the entire organization. With your data accurately captured and integrated, you'll be able to report across all of your hospital's data, which is the first step toward measuring and identifying ways to decrease costs, optimize resource use, and improve quality of care.



## Unite your clinical and financial data to improve your quality of care and your financial health

The tension between the quality of care and the cost of care can lead to a variety of provider headaches, some of which are diminishing cost-reduction returns, identifying and managing resource-intensive patients, and decreased reimbursement. In addition to these financial pains, there seems to be a constant demand for improved quality of care. You can overcome these headaches and challenges by bringing your clinical and financial data together into the single, structured environment created by the **3M Health Data Management System**.

### UNIFY ALL OF YOUR DATA

The key to achieving financial health and the highest quality of care is closer than you think. It's in your data. If you're like most organizations, you have plenty of diverse financial and clinical data. Because data resides in disparate systems, analyzing it means having to go to multiple sources. This leads to more costly, time-consuming, error-prone processes to pool together disparate data into a single, integrated database for reporting. The technology supporting the 3M Health Data Management System allows you the capability of uniting inpatient, outpatient, and performance measurement data with confidence.

### PUT YOUR DATA TO WORK

With your data in one place, you can produce reports that draw from information across your

entire organization, allowing you to monitor, analyze, and compare data from a variety of viewpoints—clinical, quality, financial, compliance, organizational, departmental, or disease stratification. For example, you can produce physician profiles that include severity adjustment, physician case-mix reports, quality comparisons with national benchmarks, and coder productivity reports. You can also identify financial risk, such as how much money is tied up in reimbursement denials, which departments are most responsible for payment denials, and which physicians order services that do not meet medical necessity. Best of all, since the system was designed to make reporting easy, users don't have to be database experts to produce these reports.

### INTEGRATE YOUR DATA SYSTEMS FOR BETTER RESULTS

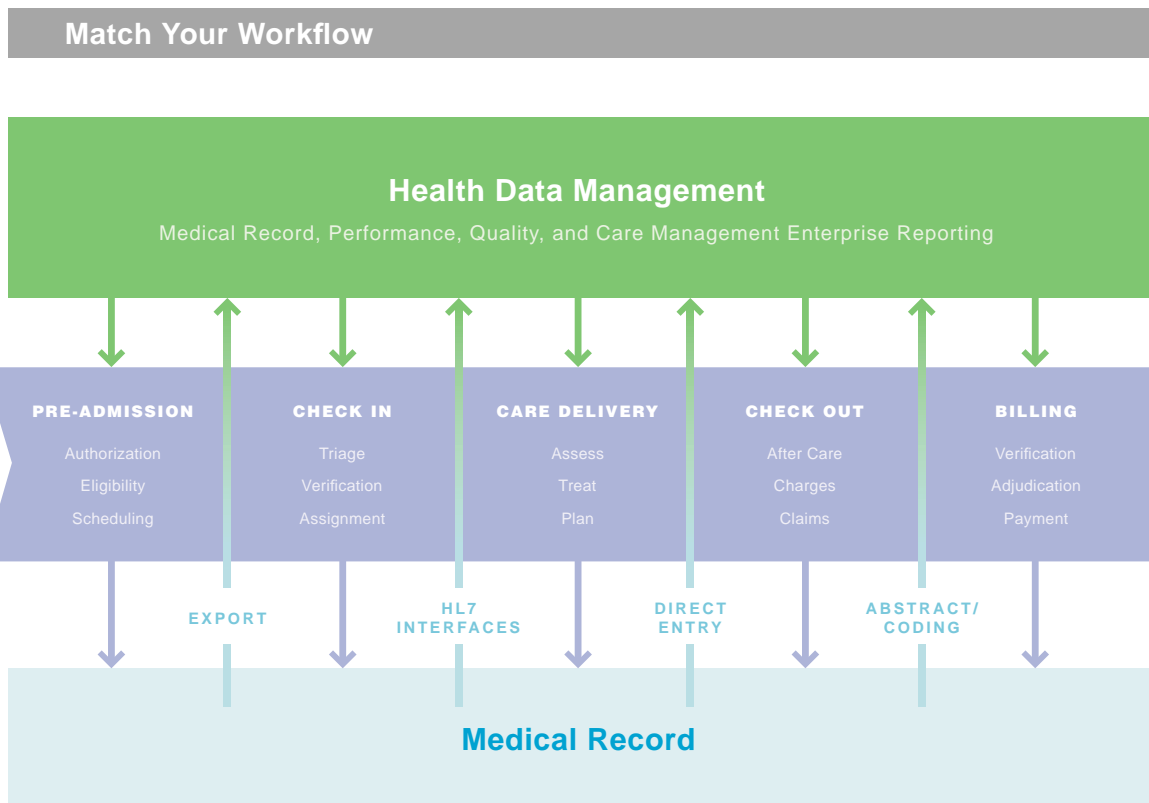
Because the 3M Health Data Management System is integrated with the **3M™ Coding and Reimbursement System**, you're able to capture data earlier in the revenue cycle. This helps you improve efficiency and accuracy by entering data into the system once, editing data for cleaner claims for both outpatient and inpatient records before dropping a bill, and providing a means of monitoring what was actually paid compared to what was expected. Such evaluation helps you to manage both your revenue and compliance issues.

### A SOLUTION TO MATCH YOUR WORKFLOW

The 3M Health Data Management System is comprised of modules to capture inpatient and outpatient data that can easily be modified to match your workflow and care practices. The system can adapt to concurrent or retrospective uses, with a variety of users from review coordinators to professional coders to data analysts. The system is unique because it provides a single, integrated solution in a market of fragmented software products. And when combined with **3M Consulting Services**, you'll be able to turn reports into process improvements.

### The reporting modules include:

- **3M™ Ambulatory Revenue Management Software**—improving outpatient compliance and revenue management with advanced reporting capabilities at all stages of billing.
- **3M™ APR-DRG Benchmarking Software**—providing integrated, APR-DRG severity- and risk-adjusted benchmarking data for reports covering financial, clinical, and quality information.
- **3M™ Audit Expert Software**—measuring and monitoring to prevent inpatient over-coding and compliance risk, as well as under-coding and financial risk.



With the 3M Health Data Management System, data is entered and routed through a series of checkpoints in the healthcare delivery process. At any point in the process, you may extract data to measure and monitor performance.

- **3M™ Care Management System**—strengthening the key processes of care management with essential information and providing an integrated information system for managing care across all settings.
- **3M™ Core Measures Management Software**—managing the data collection and reporting requirements for JCAHO's core measures and making the existing ORYX® indicators available.
- **3M™ Health Record Management Software**—allowing inpatient revenue management and DRG analysis, coder productivity, and record review.
- **3M™ Medical Necessity (LMRP) Software**—integrating LMRP edit review into your coding workflow, allowing you to tap into the HIM staff's documentation expertise to detect and resolve medical necessity issues before the bill is dropped.
- **3M™ Quality Management Software**—helping evaluate and report on the quality of inpatient care from admission to discharge.
- **3M™ Utilization Management Software**—enabling monitoring, profiling, and reporting in each step of the utilization management process while supporting the case management process.

#### RELATED SERVICES

**HDM Ready Services**, a 3M Consulting Services program, focuses on helping clients maximize the benefits from the powerful features in the 3M Health Data Management System—including the 3M Care Management System, 3M Quality Management Software, and 3M Utilization Management Software—to help ensure a rapid return on investment.



To learn how the 3M Health Data Management System can bring your clinical and financial data together to help you provide better quality of care while improving your financial health, call 1-800-367-2447 or visit [www.3Mhis.com](http://www.3Mhis.com).



**CODING AND REIMBURSEMENT**— Help your organization run smoothly with easy-to-implement solutions that can ensure your coding is accurate, complete, and compliant.



**COMPLIANCE**— Stay on top of regulatory changes with software and consulting services that help ensure both the accuracy of your claims and the effectiveness of your coding compliance initiatives.



**REVENUE MANAGEMENT**— Streamline revenue management with solutions that help you improve documentation and coding accuracy, generate clean claims, and capture appropriate reimbursement.



**QUALITY AND PERFORMANCE MANAGEMENT**— Improve your organization's performance with powerful solutions that allow you to measure, evaluate, and act upon your data.



**CONSULTING**— Drive positive changes by putting the 3M Consulting Services team to work for you in the areas of data analysis, new systems implementation, and process improvement.



**PAYMENT SYSTEMS DESIGN**— Use 3M Health Information Systems' industry knowledge and systems design expertise to create custom payment systems tailored to the unique needs of your organization.



#### Health Information Systems

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