

11th Annual RISE Nashville Summit: Key Takeaways

The 11th Annual RISE Nashville Summit continued the event's tradition of yearly growth. The return to downtown Nashville was widely applauded by attendees, who were glad to be back near Broadway's nighttime funk and fun. While festive, this year's event occurred in the wake of the new administration in Washington, D.C., and the healthcare themes surrounding the "repeal and replace" of the Affordable Care Act (ACA) cast a long shadow.

In contrast to the upbeat, confident notes struck by last year's keynote speaker Senator Tom Daschle, this year's sobering keynote address by Howard Fineman, NBC/MSNBC political analyst, The Huffington Post Media Group global editorial director, and bestselling author, was an assessment of the pluses and minuses of our new president.

Mr. Fineman's remarks indicated that the political alliances in power will seek to undo what Senator Daschle viewed as "irreversible" a year ago. Although this year's keynote address was less focused on healthcare-related topics, it was clear to all that we have entered an unexpected altered reality compared to a year ago.

The Affordable Care Act and Marketplace

As we all realize, the political football is the ACA, and it is being run up and down the field without a clear or definitive resolution. The House Ways and Means Committee succeeded in passing a bill to the floor, spelling out one vision for how the marketplace might look. Yet, it is not obvious that this particular version will ultimately pass and become the new reality. Critics have descended from many sides of the debate and raise question as to how the political process will arrive at a final law. During the weeks following the conference, the Republican draft legislation came close to a vote and then fell apart just minutes before polling the House.

Despite all of the public spectacle, it is undeniable that the current ACA marketplace program must continue to cycle through at least one more year, given the requirements of the current law. Nevertheless, the chill blanketing the market is the doubt cast on its future from both the consumer side and the issuer side of the equation. As yet, no formula exists for achieving market stability beyond the near term. CMS has taken certain steps to improve administrative processes in order to make the near term more predictable.

Ceci Connolly, president and CEO of the Allied for Community Health Plans (ACHP), added comments during her keynote address regarding the population insured through the ACA marketplace programs. She reminded us that public exchange enrollees represent only about six percent of the U.S. population and consume roughly four percent of total healthcare expenditures. Yet, successful coverage of this population has reduced America's uninsured rate by half.

Risk Adjustment

I was reminded at this year's summit that the thrust of risk adjustment has recently shifted in focus. The two watchwords now are "compliance" and "integration."

While it is undeniable that all the powerful tools available now can practically guarantee to boost RAF scores, it is not about squeezing maximum yields. Rather, we have realized that, in the end, the RAPS file or encounter data must be in agreement with the

documentation in the medical record. Failing that, the claim to higher RAF scores is noncompliant and places all the parties involved at undue regulatory risk. Whether we are looking at prospective assessments or at retrospective chart reviews, the success of risk adjustment programs will depend on reliable diagnoses based on compliant documentation.

The other piece, as I mentioned, is integration. This refers to the linkages between risk adjustment activities and HEDIS programs. When it comes to record retrieval, capture and storage, for example, the two programs must cooperate, collaborate and optimize. This is true because otherwise they are tripping over one another, creating undue abrasion at the provider offices. Also, when not well coordinated, they end up duplicating efforts and costs.

Those who have taken pains to coordinate find that capturing more comprehensive chart documentation will ultimately support both functions. Even if their work cycles are on different timelines, they will both end up with what they need while lessening the impact at the provider level.

Beyond these two areas, it has become obvious that the best way to achieve high quality documentation is to approach the providers with the idea of creating and supporting a single, universal process. It turns out that, whether providers are billing for E&M visits or for managed care encounters, a robust chart documentation improvement process is required.

ICD-10 coding is driving providers to a greater level of specificity, irrespective of payer source. Chart documentation must stand up to audits, whether they are RAC audits or RADV audits. With the prominence of EMR systems, each practice must learn how to best utilize their systems to support this higher standard for charting on the front-end. Otherwise, they invite after-the-fact chart chases and retrievals by all the payers with whom they do business.

Quality / Accountability / Medicare Stars

As mentioned above, there is much emphasis on the coordination and integration of risk adjustment efforts. Although the whole ACA marketplace world is a bit upside down, QRS is still a "thing" for now. Unfortunately, while the Medicare Stars Program has shifted over time to a more outcomes-orientation, the QRS program appears to be getting off to a "check-the-box" type of start, which is disappointing to many conference attendees.

The success of the Medicare Stars Program is that it has lived up to its promise: continuous improvement through raising the bar, by retiring easy measures and rotating in new, more challenging measures. In the current stage of development, only four-star plans are entitled to the bonuses, which have become the financial deciding factor around plan survival in many markets. The disciplines required to achieve high Stars scores have become embedded and practically genetic now in successful plans' DNA.