



SPRING 2019

# Physician Partners

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MAIN LINE HEALTH  
PHYSICIAN PARTNERS



# UPDATE



## MLHPP INDEPENDENT ELECTION RESULTS

Thank you to everyone who voted in the most recent MLHPP Managing Committee election for independent physician positions. Remember: The physicians on this committee represent you, so your vote is very important! The results are as follows:

PCP: Ernest Gillan, MD  
William Greer, MD

Specialist: Steven Gamburg, MD  
Lawrence Livornese, MD

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OUT  
MORE**

Click [here](#) to see a complete listing of the Main Line Health Physician Partners Managing Committee.

## UPDATE: MEDICAL BENEFITS FOR INDEPENDENT PRACTICES

A recent federal court ruling eliminated the U.S. Department of Labor-enabled association health plans (AHPs) as a pathway to develop a group insurance product for our affiliated independent physician practices. We are very disappointed by this setback.

### THE TAKE- AWAY

Without the option of offering an AHP to our affiliated practices, the previously projected January 1, 2020 start date for the group insurance program is highly unlikely.

### WHAT'S NEXT



We are regrouping and exploring other options available under the current law. Please look for further updates in the weeks ahead.

## AT A GLANCE: MLHPP DISTRIBUTIONS IN 2018 AND 2019

PRACTICES PARTICIPATING IN MLHPP AND DVACO VALUE-BASED CONTRACTS WERE PAID

**\$3,712,249** IN 2018

**\$950,000** IN 2019 TO-DATE

## WORKING TOGETHER: PCP-CARDIOLOGY DISCUSSIONS

MLHPP is bringing together the cardiologists and PCPs at each campus to re-establish interdisciplinary communication and rebuild the community that connects our primary care and cardiology providers. Our goal is to facilitate a culture of collaborative practice in the management of patients with cardiac disorders. The meetings utilize clinical cases and evidence based literature to guide discussions that are rooted in value.

## REMINDER TO ANNUALLY CAPTURE PATIENT RISK VIA DIAGNOSIS CODES

Capturing illness severity through accurate diagnosis coding is a foundational requirement of population health contracts which rely on risk adjustment to determine cost of care targets. Remember that diagnoses must be captured at least once each calendar year for all active chronic comorbidities (e.g. morbid obesity, ostomy, complicated diabetes). Prior diagnoses (for purpose of risk score) are deleted on January 1 each year until captured by a new claim.

## CONSIDER PARTICIPATING IN THESE VALUE-BASED CONTRACTS

As a member of MLHPP, your practice may be able to participate in value-based contracts with various payers. These are separate from existing fee-for-service arrangements and incentivize providers to deliver high quality care at a lower cost. All are limited to PCPs except for MSSP, which is open to primary and specialty care physicians. See the current contract list below.

### LIST OF PAYERS

Aetna Commercial, Aetna Medicare, Humana, Medicare Shared Savings Program (MSSP), United Commercial (All via DVACO except Aetna Medicare)

### FIND OUT MORE

These contracts have either a shared savings or pay-for-performance component; many also issue care coordination payments. To learn more email Melissa Rafferty: [raffertyme@mlhs.org](mailto:raffertyme@mlhs.org).

## ARE YOUR PRACTICE DEMOGRAPHICS UP TO DATE?

Please help us keep our practice database current. Promptly report any changes in your participating physicians, administrative and clinical contacts, addresses, phone/fax, specialties, medical staff status and more to Julianna Vassilev at [vassilevj@mlhs.org](mailto:vassilevj@mlhs.org). Thank you.

*Physician Partners Update* is published for members of Main Line Health Physician Partners.

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