Huron Valley Physicians Association (HVPA) was incorporated in 1985 as an Independent Physician Association (IPA). HVPA has approximately 600 physician members located in Washtenaw, Livingston, Lenawee, and western Wayne counties. Approximately 25% of our members are primary care physicians and 75% are specialists. HVPA activities are closely tied to the Saint Joseph Mercy Health System (SJMHS), a member of the Trinity Health System.

HVPA has organized hospital-owned and privately-owned practices into a single organization. Primary and specialty care physicians are represented on various councils and committees for business and quality improvement initiatives. As an IPA, HVPA has the ability to negotiate network-based contracts. HVPA believes network-based contracting is critical to maintaining and enhancing the collective strength and long-term viability of independent physicians.

By Health plan Employer Data and Information Set (HEDIS) measures, HVPA has scored among the highest performing physician groups in the nation and our growth in pharmacy expenditures has been at or below the national average.

HVPA collects annual membership dues in the amount of $500.00 per physician member. Members are eligible for shareholder status once approved by the HVPA Board of Directors.

HVPA supports the patient-centered care model and continues to strive for service excellence by supporting members with e-prescribing, a disease registry, and a provider-patient web portal.

For more information visit www.hvpa.com.
Our Mission: Why We Are Here
We serve our patients and community by providing an integrated and collegial network of physicians committed to the highest standard of patient-centered health care.

Our Vision: Where We Are Headed
We intend to provide outstanding care and service that is patient-centered, compassionate and empathic, timely, effective, efficient, equitable, and safe.

Our Values: Who We Are
The values that guide our actions each day as we strive to achieve our mission and vision are:

- **Passion**: we are deeply committed to the work we do and the people we serve. We take initiative and go beyond what is expected.

- **Integrity**: we are open and honest in all of our actions. We are trustworthy and ethical. We believe honesty and integrity are essential to our success. We see this as the responsibility of each of us and we rely upon ethics to guide all of our decisions.

- **Collegiality**: we value the contributions of all of our physicians, patients, and health care teams regardless of rank or title.

- **Accountability**: we seek to provide perfect care and service. To that end, we see problems as ours to own and solve. We create an environment in which we raise issues knowing it is safe to do so. We acknowledge and learn from our mistakes. We seek honest and constructive input.

- **Stewardship**: we understand that resources are finite and that health care must be delivered efficiently and effectively. We take our responsibility as stewards of these resources seriously and strive to systematically eliminate waste in the provision of health care without compromising quality.
**Health Services Contracting**
HVPA negotiates medical service agreements with various payers on behalf of its members. Primary goals include negotiating compensation terms consistent with maintaining an adequate provider network that is patient-driven, high quality, and cost effective.

**Population Management**
Our Health Focus population management registry is a clinical information system designed to give health care professionals knowledge and clinical information for population and disease management. Population management is a strategy for delivering health care services using interdisciplinary clinical teams, continuous analysis of relevant data, and cost-effective technology to improve the health outcomes of patients in preventative care and those with specific diseases. It includes self-care management techniques, patient education, and provider training. Disease management provides individualized care plans based on clinical guidelines to manage individuals with treatable chronic diseases.

**Pharmacy Management**
Pharmacy management is a key strategic focus area for HVPA. A full-time Pharm.D is employed to oversee pharmacy services.

Pharmacy services available to HVPA members include:
- Up-to-date pharmacy resources maintained on the HVPA Secure Portal
- Monthly pharmacy newsletter distributed via email and HVPA Secure Portal
- Consultation with a clinical pharmacist for medication profile reviews
- Drug information requests
- Pharmacy utilization and medication safety reports available via the HVPA Secure Portal
- Drug recall notification lists for network members
- Electronic prescribing assistance
- Pharmacist available for office-sponsored patient education

**Utilization Management**
Utilization management is the analysis of costs and resources consumed in the delivery of health care which examines the relationship of actual practice to evidence-based medicine. The goal being the delivery of high quality, efficient, and patient appropriate services.

**Michigan State Medical Society (MSMS) Membership**
As part of your membership in HVPA, your MSMS and county medical society dues are paid. MSMS and your local medical society are your voice, your strength, and your best advocate during medicine’s most turbulent times. Additionally, MSMS offers many tangible benefits that can help run your practice more efficiently.

**Information Technology solutions and support**
We provide support and resources to assist our practices with various IT initiatives, including:
- e-Prescribing
- Practice management
- EMR/EHR
- Population management with Health Focus, our proprietary patient registry
- Intuit Health referral communications and physician-patient portal
- Secure network portal with HIPAA-compliant email

**Other Benefits**
- Partnerships with various vendors with discounts specifically for our members
- Educational seminars and presentations for physicians and staff, many of which are offered free of charge.
- Practice operations support

And more
Network-based Contracting
A key benefit of HVPA membership is participation in a network that carries the collective representation of over 600 physicians. Network-based contracting consists of HVPA entering into binding health plan provider agreements on behalf of its members. When you sign the Participating Provider Agreement with HVPA (included in your contracting packet), you must participate in all plans deemed by the Board as “mandatory”. The Board believes that network-based contracting is critical to achieving clinical integration among independent physicians with the goal of improving patient care delivery.

Benefits of Network-based Contracting
• Improves the negotiating ability of its members when entering into risk-based (capitated) and other contracts with managed care organizations by delivering a full range of primary and specialty care services in a high-quality, cost-effective manner.
• Increases efficiencies and reduces costs, making the network more competitive and effective when negotiating hospital reimbursement for inpatient and outpatient services in joint-contracting efforts.
• Enhances HVPA’s ability to create contracting opportunities for smaller medical groups and sole practitioners.
• Along with HVPA’s governance structure, network-based contracting allows members and their medical groups to have direct input in the managed care negotiating process through their respective specialty representatives.

Other Health Service Agreements
• HVPA may serve as a communication vehicle for other health plan contracts where mandatory participation is not required.
Huron Valley Physicians Association (HVPA) is pleased that you are interested in becoming a member of our organization. As a member you and your practice will benefit from the support and services we offer, such as network-based contracting, IT initiatives, pharmacy management and much more.

HVPA Membership Credentialing

Credentialing with HVPA is easy because we:

- handle physician credentialing with all HVPA-contracted health plans through our Credentialing Verification Organization (CVO), Saint Joseph Mercy Health System (SJMHS).
- use the Council for Affordable Quality Healthcare (CAQH) application (to view go to www.caqh.org)- which means providers only need to complete one application;
- expedite enrollment with the HVPA-contracted health plans;
- provide assistance with completion of health plan applications with non-HVPA contracted health plans and St. Joseph Mercy Health System (SJMHS);
- track and notify physician of expiring credentials to ensure continued compliance with contractual requirements;
- facilitate changes in provider information to all HVPA-contracted health plans.

In order to be eligible for HVPA membership, physicians must have admitting privileges to one of the St. Joseph Mercy Health System hospitals or provide inpatient coverage through an HVPA participating physician or hospitalist group.

Approximate length of process:

- 45-60 days to complete membership process
- Additional 30-60 days for activation with HVPA-contracted health plans

Required Fees:

- $125 non-refundable application fee
- Annual HVPA membership dues are $500 (payable once membership is approved)

To initiate the membership process, or if you have any questions, contact Tracy O’Brien at obrient@hvpa.com or 734-973-0137 ext. 414.

Re-credentialing Process

HVPA members are re-credentialed every two (2) years. Questions regarding the re-credentialing process should be directed to Tracy O’Brien, Provider Relations, at obrient@hvpa.com or 734-973-0137 ext. 414.
**Board of Directors**
The ultimate and exclusive authority over all affairs of the Corporation is vested in the Board of Directors. The Board sets and/or approves the mission, goals, and strategic plans for the Corporation and all of the policies, procedures, financial, and other managerial directives to achieve those ends. Examples include approval of annual budgets, capital expenditures, membership applications, medical services agreements, and compensation. The Board of Directors has no authority to take any actions inconsistent with the terms of the Bylaws.

**Business & Finance Committee**
The Business & Finance Committee reviews and recommends policies and programs that support strategic goals adopted by the Board of Directors and the Performance Improvement Team.

**Membership Credentialing Committee**
The Membership Credentialing Committee (MCC) consisting of two (2) primary care physicians, two (2) specialty care physicians, and two (2) HVPA support staff. The MCC is responsible for recommending approval or denial of membership for physician applicants (MD, DO or DPM). The committee’s peer review process examines each practitioner’s primary source credentials to ensure that all organizational criteria are met before making its recommendations. The MCC is chaired by an HVPA Medical Director who is designated to oversee all committee functions.

**Office Operations Committee**
The Office Operations Committee serves in a working-level, advisory capacity pertaining to practice management operations for HVPA practices. The committee consists of primary and specialty care practice administrators and reports directly to the Performance Improvement Team.

**Performance Improvement Team**
The Performance Improvement Team (PIT) serves in a high-level advisory capacity. The purpose of PIT is to review, recommend, adopt and monitor policy decisions and programs that enhance the operations and delivery of patient-center, high quality, appropriate and efficient health care services by HVPA members.

**Quality & Utilization Committee**
The purpose of the Quality & Utilization committee is to review, recommend, adopt, monitor and improve ambulatory quality measures and programs that enhance the operations and delivery of patient-centered, high quality, efficient health care services.
HVPA Staff

Staff are available to assist you or answer any questions
Phone: (734) 973-0137

Jack Carman, M.D.- President
Ray Rion, M.D.- Medical Director
Deborah Peery, M.D.- Primary Care Representative
Larry Adler, M.D.- Specialty Care Representative

Janine Capsouras- Project Coordinator
  • Operational project support

Pam De Tullio, Pharm.D- Clinical Pharmacist
  • Pharmacy management/utilization
  • Network quality management
  • Academic detailing

Tom Harkaway- Program Analyst
  • Management of HVPA IT infrastructure/network
  • Database management & programmer
  • Management of data feeds

Lori Jo Heinlein- Practice Implementation Specialist
  • Health Focus training/implementation
  • HVPA Secure Portal training/support
  • DrFirst training/support
  • Practice operations support

Jeff Herman- Database Programmer
  • Network database management, analysis & optimization

Lori Kostoff, Pharm.D- Executive Director
  • Pharmacy management/utilization
  • Contracting/utilization & data management
  • Network quality management

Karen L. Marsh- Practice Informatics Consultant
  • Intuit Health implementation, training & support
  • Intuit Health user group
  • Intuit Health network utilization

Tracy Nelsen- Practice Implementation Specialist
  • Health Focus training/implementation
  • HVPA Secure Portal training/support
  • Practice operations support

Tracy O’Brien- Provider Relations
  • Physician membership
  • MSMS membership
  • Health plan liaison- operations

Joe O’Connor- Business Manager
  • Business Operations
  • Shareholders Corporation
  • Network Contracting

Carolyn Poiner- Administrative Support
  • Administrative support for Dr. Carman
  • Front office reception
  • Meeting & event planning/scheduling

Deb Roberts- Director of Operations
  • Practice liaison- office operations/e-Initiatives
  • Health plan liaison- reimbursement, operations
  • HVPA internal operations

Tara Weaver-Hawley- Marketing & Communications
  • Website development & maintenance
  • HVPA marketing/graphic design
  • HVPA communications