



Physicians Committed
to Quality

monthly memo mvma ipa

A message from the Medical Director— David M. Phelps, MD

Contacting MVMA Staff

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What's up, Doc?

Mohawk Valley Medical Associates (MVMA) is the Independent Practice Association (IPA) in this region for MVP Health Plan. The IPA model provides distinct advantages over other HMO models. Each IPA within MVP is regionally based, and you are a member of the East Region. The infrastructure of MVMA has been designed to ensure appropriate utilization of resources and quality care through medical management and quality improvement initiatives. MVMA has representation on the HMO Board and the following committees: Pharmacy and Therapeutics, Medical Management and Quality Improvement. This ensures that MVMA has a voice in decisions made by MVP that directly affect our members.

Our primary goal is to provide services that are of value to you. Knowing what you want is key to attaining our goals. As an IPA member, your feedback is important to us. Our plan is to incorporate the findings from this survey into our goals for 2002. Please take a few minutes and complete the following survey and return it to us by March 31st, 2002. You may also call in your response to Paula Pecoraro, RN at 388-2209, or fax your response to 388-2200.

1. Would you be interested in purchasing malpractice insurance at a group discount?

Yes No Maybe

Comments _____

2. Would you join a Group Purchasing Organization that offers a discount on medical, surgical, and office supplies?

Yes No Maybe

Comments _____

3. Which features and services would be of value to you on the MVMA web site that will be launched in 2002?

Circle all that apply.

- a) Direct access email to the MVMA Medical Director for questions or prior approvals
- b) Bulletins/ updates on the latest changes affecting your practice. (i.e. newly approved CPT codes)
- c) Listings of participating radiology and laboratory sites
- d) Links to medical sites on the web
- e) Other, please specify _____

4. Practice Management Assistance: circle all that apply.

- a) Billing and coding consultation or educational programs
- b) Account Reconciliation assistance
- c) Compliance education or consulting advice
- d) Other, please specify _____

5. Educational programs for the management of chronic disease states can be presented in your office at no cost to you. Please circle all of the educational opportunities of interest to you.

- a) Diabetes
- b) Asthma
- c) Hyperlipidemia
- d) Osteoporosis
- e) Other, please specify _____

6. Any other recommendations, please specify: What is your preferred way to hear from us?

- Mail
- Phone
- Email

Please provide your email address so that we can contact you quickly with important information.

Name _____

Address _____

Phone # _____ Email _____