

Date: March 1, 2009

**Yale-New Haven Community Medical Group Contract with ConnectiCare, 2009**

Dear Yale-New Haven Community Medical Group member:

Effective April 1, 2009, we are introducing a new contract with ConnectiCare. The contract introduces a number of changes summarized below.

1. The fee schedule has been revised in order to be based on 2008 RBRVS and represents a 1.5% increase over the 2008 contract.
2. The contract includes \$250,000 in incentive funds for HEDIS and YNHCMG clinical measures and programs. YNHCMG must demonstrate adequate participation by our members in our diabetes, pediatric asthma and chlamydia/cervical cancer screening programs in order to qualify for \$130,000 in incentive funds.

The contract and fee schedule are available for your review on our website at [www.ynhcmg.org](http://www.ynhcmg.org). Please check the appropriate box and fill out other information on the opt-out form. The form needs to be returned to Physician Services either by mail using the enclosed envelope or by fax at (203) 688-5343 by **3/31/2009**.

All members **must** fill out and sign the Plan Opt-Out Form and return to us either via fax or mail by the due date below (March 31, 2009). If you wish to opt out of any portion of this contract, you **must** check the appropriate box(es) on the Opt-Out Form.. If we do not receive the Plan Opt-Out form by the due date, you will be considered as participating in the ConnectiCare network. If you opt in and wish to opt out at any point in the future, you may do so by providing ninety (90) days' written notice to YNHCMG and ConnectiCare.

Please keep a copy of the Opt-Out Form for your records.

With regards,

Alexis Cort  
Exec. Dir.  
Yale-New Haven Community Medical Group, Inc.  
(888) 304-1054 x3

**SIGN OPT-OUT FORM AND RETURN TO PHYSICIAN SERVICES BY MAR 31, 2009**



**Yale-New Haven Community Medical Group Contract with ConnectiCare, 2009  
Plan Opt-Out Form**

YNHCMG has executed a contract with ConnectiCare for provision of services to members of the ConnectiCare network. The contract takes effect on April 1, 2009.

In accordance with the YNHCMG Participation Agreement the undersigned physician hereby agrees to be bound by all of the terms of the contract between ConnectiCare and Yale New Haven Community Medical Group effective April 1, 2009 and as renewed and amended from time to time. The undersigned physician acknowledges and agrees that this agreement is for the benefit of and enforceable by ConnectiCare and Yale New Haven Community Medical Group.

The ConnectiCare contract currently includes only commercial HMO and POS plans and the new Medicare Advantage plan. Should a PPO plan be introduced in the future, it will be handled through a separate amendment to this contract.

Check the appropriate box below if you wish to opt out of any part of this contract:

<input type="checkbox"/>	I do not wish to participate in ConnectiCare commercial HMO and POS plans.
<input type="checkbox"/>	I do not wish to participate in ConnectiCare Medicare Advantage plan.

**PLEASE NOTE:**

1. ALL MEMBERS NEED TO FILL OUT THE INFORMATION BELOW AND SIGN AND DATE THE FORM, REGARDLESS OF WHETHER YOU ARE OPTING IN OR OUT.
2. IF YOU WISH TO OPT OUT OF ANY PART OF THE CONNECTICARE CONTRACT, YOU MUST CHECK THE APPROPRIATE BOX(ES) ABOVE.
3. IF WE DO NOT RECEIVE A FORM FROM YOU BY MAR 31, YOU WILL BE CONSIDERED AS PARTICIPATING IN THE CONNECTICARE NETWORK.

Accepted and agreed to by:

PROVIDER NAME: \_\_\_\_\_

**Return by mail or fax to:**

Yale-New Haven Community  
Medical Group  
c/o Dept. of Physician Services  
Yale-New Haven Hospital  
20 York Street, Hunter 4  
New Haven, CT 06504

SIGNATURE: \_\_\_\_\_

TIN: \_\_\_\_\_

CT LICENSE  
NUMBER: \_\_\_\_\_

**Fax (203) 688-5343**

DATE: \_\_\_\_\_

**SIGN OPT-OUT FORM AND RETURN TO PHYSICIAN SERVICES BY MAR 31, 2009**