

Date: January 4, 2008

**Yale-New Haven Community Medical Group Contract with Coventry/First Health, 2008**

Dear Yale-New Haven Community Medical Group member:

Effective March 1, 2008, we are introducing a new contract with Coventry/First Health. The contract replaces the existing contract with Health Care Value Management from 2003.

The main change in this contract is a change in reimbursement methodology. The HCVM contract was paid based on 80% of billed charges. The new contract establishes a fee schedule based on 2007 RBRVS, with different multipliers (conversion factors) for specific ranges. The contract's initial term is three years, with a 3% increase taking effect in the third year (starting 3/1/2010).

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 **2/29/2008**.

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 (February 29, 2008). 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 Coventry/First Health network, including the Worker's Compensation plan. 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 Coventry/First Health.

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 FEB 29, 2008**



**Yale-New Haven Community Medical Group Contract with Coventry/First Health, 2008  
Plan Opt-Out Form**

YNHCMG has executed a contract with Coventry/First Health for provision of services to members of the Coventry/First Health network. The contract takes effect on March 1, 2008.

In accordance with the YNHCMG Participation Agreement the undersigned physician hereby agrees to be bound by all of the terms of the contract between Coventry/First Health and Yale New Haven Community Medical Group effective March 1, 2008 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 Coventry/First Health and Yale New Haven Community Medical Group.

The Coventry/First Health contract currently includes only commercial PPO and worker's compensation plans. Should an HMO 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. The first option is to opt-out of Worker's Compensation **only**, but participate in commercial PPO. The second option is to opt-out of participation in Coventry/First Health **altogether**. If you check neither box, then you are participating in **both** commercial PPO and Worker's Comp.

<input type="checkbox"/>	I do not wish to participate in Coventry/First Health Worker's Compensation plans.
<input type="checkbox"/>	I do not wish to participate in Coventry/First Health commercial PPO or Worker's Compensation plans.

**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 COVENTRY/FIRST HEALTH CONTRACT, YOU MUST CHECK THE APPROPRIATE BOX(ES) ABOVE.
3. IF WE DO NOT RECEIVE A FORM FROM YOU BY FEB 29, YOU WILL BE CONSIDERED AS PARTICIPATING IN THE COVENTRY/FIRST HEALTH 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: \_\_\_\_\_

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