

January 2006

Dear Provider:

Welcome to Great-West Healthcare. Great-West Healthcare currently offers managed care products to local and national employers.

**We are contracted with Yale-New Haven Community Medical Group and invite you to participate in our managed care products by completing and returning the enclosed documents.**

There are several advantages to participating in our managed care products:

- *Offering choice to your patients.* By your participation, your services will be made available to our members, regardless of which product they choose.
- *Maximize your cash flow.* We pay a competitive fee schedule and guarantee payment of properly submitted claims within 30 days. Currently, we pay over 90% of properly submitted claims within two weeks of receipt.
- *Increased volume.* There are over 2.5 million Great-West Healthcare members and over 65,000 in Southern New England. Because of our unique market niche (self-funding small employers), we can add members to your panel.

Thank you for your interest and I look forward to working with you in the future.

Sincerely,



Dana G. Schaeffer  
Senior Provider Relations Coordinator  
dana.schaeffer@gwl.com  
P 781-529-0398 / F 781-894-2802  
www.greatwesthealthcare.com

**YALE-NEW HAVEN COMMUNITY MEDICAL GROUP**

***ONE HEALTH PLAN OPT-IN Form***

**NOTE: Please sign and return this Opt-In Form PLUS the EIGHTH Supplement to the Participating Practitioner Agreement to participate in ONE HEALTH PLAN.**

I WILL

I WILL NOT

participate in the Yale-New Haven Community Medical Group contract with One Health Plan.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return with your application materials to the Yale New Haven Community Medical Group**

**PARTICIPATING PRACTITIONER AGREEMENT  
YALE-NEW HAVEN MEDICAL STAFF IPA, INC. (“YNIPA”)**

**EIGHTH SUPPLEMENT TO SECOND RIDER TO APPENDIX A**

**WHEREAS**, One Health Plan, Inc. (“ONE”) operates a preferred provider organization (“PPO”) through which ONE offers health care services to ONE Members, and

**WHEREAS**, ONE has contracted with Yale-New Haven Physicians Corp. (“YPHO”) to arrange for the delivery of health care to Members of ONE through YPHO’s provider network; and

**WHEREAS**, Practitioner desires to provide medical services to Members of ONE; and

**WHEREAS**, in order to satisfy the contractual requirements of ONE and/or the terms of the Participating Practitioner Agreement with respect to Practitioner’s delivering such services to ONE Members, the Second Rider to Appendix A of the Participating Practitioner Agreement requires further supplementation;

**NOW, THEREFORE**, in consideration of the mutual promises exchanged herein, YNIPA and Practitioner hereby agree that the Second Rider to Appendix A of the Participating Practitioner Agreement shall be supplemented as follows:

- (1) One Health Plan, Inc. shall be included in the term “Insurers.”
- (2) The compensation offered by ONE for Covered Services rendered to Members pursuant to this arrangement is as set forth in Eighth Supplement to Second Rider to Appendix B of the YNIPA Participating Practitioner Agreement, attached. The party responsible to compensate Practitioner and the timing of compensation is as set forth in the Master Agreement between ONE and YPHO. In no event shall Practitioner look to either YPHO or YNIPA for compensation under this arrangement.

**IN WITNESS WHEREOF**, the parties have executed this Eighth Supplement to Second Rider to Appendix A.

**PRACTITIONER**

**YALE-NEW HAVEN MEDICAL STAFF IPA, INC.**

By: \_\_\_\_\_  
Practitioner Signature

By: \_\_\_\_\_  
IPA Representative Signature

\_\_\_\_\_  
Practitioner Printed Name

\_\_\_\_\_  
IPA Representative Printed Name

\_\_\_\_\_  
Practitioner Specialty

\_\_\_\_\_  
Date

\_\_\_\_\_  
Connecticut License Number

\_\_\_\_\_  
Tax Identification Number

\_\_\_\_\_  
Group Tax Identification Number (if applicable)

\_\_\_\_\_  
Date

<p><u>Sign and return this document to:</u> Yale New Haven Community Medical Group 20 York Street, Hunter 4 New Haven, CT 06510 <b>Fax (203) 688-5343</b></p>
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