

**Amendment to the Blue Traditional Network Participating Hospital Agreement, and the Blue Choice PPO, Blue Preferred PPO, BlueLincs HMO, Blue Advantage PPO, Blue Plan65 Select, NativeBlue, Blue Cross Medicare Advantage PPO Network Addendums to the Blue Traditional Network Participating Hospital Agreement, and the Blue Cross Medicare Advantage HMO Amendment to the BlueLincs HMO Network Addendum to the Blue Traditional network Participating Hospital Agreement**  
**by and between**  
**BLUE CROSS AND BLUE SHIELD OF OKLAHOMA**  
**and**  
**MANGUM CITY HOSPITAL AUTHORITY**  
**D/B/A MANGUM REGIONAL MEDICAL CENTER**

By mutual agreement, Blue Cross and Blue Shield of Oklahoma and Mangum City Hospital Authority D/B/A Mangum Regional Medical Center hereby amend the Blue Traditional Network Participating Hospital Agreement (“Agreement”) which was effective April 1, 2020, and the Blue Choice PPO, Blue Preferred PPO, BlueLincs HMO, and Blue Advantage PPO Network Addendums to the Agreement, which were effective April 1, 2020, the NativeBlue Network Addendum to the Agreement, which was effective May 1, 2021, the Blue Plan65 Select Network Addendum to the Agreement, which was effective June 1, 2022, the Blue Cross Medicare Advantage PPO Network Addendum to the Agreement, which was effective September 1, 2022, and the Blue Cross Medicare Advantage HMO Amendment to the BlueLincs HMO Network Addendum to the Agreement, which was effective September 1, 2022(collectively referred to as the “Agreements”).

**Notice to The Plan on the cover page is replaced in its entirety with the following:**

Notice to The Plan:

Vice President, Provider Network Operations  
Blue Cross and Blue Shield of Oklahoma  
1400 S. Boston Avenue, Tulsa, OK 74119

**Section 2.17, *Quality Improvement*, is hereby replaced in its entirety with the following:**

- 2.17 Quality Improvement: Hospital agrees to cooperate with the quality improvement activities of The Plan. All such quality improvement activities of The Plan are considered to be confidential and will not be released to any other party except where required by applicable state or federal laws. This includes, but is not limited to the following:
- 2.17.0 Infection Control Procedures: Hospital shall maintain and follow infection control procedures. These procedures will address, at a minimum, staff personal hygiene and health status, isolation precautions, aseptic procedures, cleaning and sterilization of equipment, and methods to avoid transmitting infections.
  - 2.17.1 Monitoring and Evaluating Care: Hospital shall monitor and evaluate the quality and appropriateness of patient care and/or services, including the performance of employees and other personnel who furnish services under arrangements with Hospital. This shall include, but not be limited to:
    - (a) Scope and objective of the quality improvement activities;
    - (b) Methods to identify incidents or patterns;
    - (c) Mechanisms for taking follow-up action; and
    - (d) Methods for implementing the monitoring and evaluation activities, for reporting the results, and for monitoring corrective action.
  - 2.17.2 Performance Quality Measurement Programs: Hospital agrees to cooperate with the collection of performance measurement data, and to participate in The Plan’s clinical and service measure quality improvement program. Hospital also agrees to cooperate with the performance measurement activities and data requirements of The Plan. The Plan may use such performance data for quality improvement activities.

- 2.17.3 Provision of Medical Records: Hospital agrees to provide, at no charge, medical records of selected Members to The Plan for purposes of quality improvement. Hospital shall continue to provide such requested information for a period of two (2) years after the termination of this Agreement.

**Section 4.3.2(a) in the Agreement is hereby replaced in its entirety with the following:**

- (a) Combine Outpatient Related Services within Three Days of Inpatient Claim: Hospital shall include charges for any Related Service to an inpatient admission that are performed within three days of such admission to Hospital. These Related Services may not be billed separately from the inpatient services as they are inclusive of the inpatient admission.

**Section 4.3.2(b) in the Agreement is hereby replaced in its entirety with the following:**

- (b) Include All Charges: A Member cannot be considered an inpatient and an outpatient at the same time. Hospital shall include all charges for Hospital Services provided to Member that are obtained from another organization (related or unrelated) while an inpatient at Hospital. Hospital shall be responsible, and shall not bill The Plan or Member, for reimbursement to other organizations for any fees or charges for oversight or administrative services or any fees or charges not otherwise provided for in this Agreement.

**Section 4.4.1 in the Agreement is hereby replaced in its entirety with the following:**

- 4.4.1 Combine Outpatient Related Services within Three Days of Inpatient Claim: Include charges for any Related Service to an inpatient admission that are performed within three days of such admission to Hospital. These Related Services may not be billed separately from the inpatient services as they are inclusive of the inpatient admission.

**Section 4.4.2 in the Agreement is hereby replaced in its entirety with the following:**

- 4.4.2 Include All Charges: A Member cannot be considered an inpatient and an outpatient at the same time. Hospital shall include all charges for Hospital Services provided to Member that are obtained from another organization (related or unrelated) while an outpatient at Hospital. Hospital shall be responsible, and shall not bill The Plan or Member, for reimbursement to other organizations for any fees or charges for oversight or administrative services or any fees or charges not otherwise provided for in this Agreement.

**Section 5.2.0(e) in the Agreement is hereby replaced in its entirety with the following:**

- (e) Re-admissions: If Member is readmitted to Hospital within thirty (30) days of discharge for a condition that is clinically related to the prior admission, the subsequent admission(s) may be considered inclusive of the first admission. The Plan may review the appropriateness of the readmission. If The Plan determines that the subsequent admission(s) was inclusive of the first admission, it may make adjustments to such claim payments in accordance with Right of Recovery in Article IX.

**Section 5.2.4 is hereby added to the Agreement:**

- 5.2.4 April 1, 2024 through March 31, 2025: The Maximum Reimbursement Allowance for Inpatient Hospital Services shall be calculated in the same manner as 5.2.0 except the Inpatient MS-DRG Rate in 5.2.0a. shall be \$11,299

**Section 5.2.5 is hereby added to the Agreement:**

- 5.2.5 Effective April 1, 2025: The Maximum Reimbursement Allowance for Inpatient Hospital Services beginning on April 1, 2025 and continuing in effect through the remainder of the Contract Period unless amended in accordance with Article XI shall be calculated in the same manner as 5.2.0 except the Inpatient MS-DRG Rate in 5.2.0a. shall be \$11,751.

**Section 5.3.4 is hereby added to the Agreement:**

5.3.4 April 1, 2024 through March 31, 2025: The Maximum Reimbursement Allowance for Outpatient Hospital Services shall be calculated in the same manner as 5.3.0, except the Outpatient EAPG Rates shall be as listed below.

	<b>Outpatient EAPG Rate</b>
Significant Procedure/Medical Visit	\$321.00
Ancillary	\$363.00

**Section 5.3.5 is hereby added to the Agreement:**

5.3.5 Effective April 1, 2025: The Maximum Reimbursement Allowance for Outpatient Hospital Services beginning on April 1, 2025 and continuing in effect through the remainder of the Contract Period unless amended in accordance with Article XI shall be calculated in the same manner as 5.3.0, except the Outpatient EAPG Rates shall be as listed below.

	<b>Outpatient EAPG Rate</b>
Significant Procedure/Medical Visit	\$330.75
Ancillary	\$363.00

**Section 4.1.0(e) is hereby added to the Blue Choice PPO Network Addendum to the Agreement:**

(e) April 1, 2024 through March 31, 2025: The Maximum Reimbursement Allowance for Inpatient Hospital Services shall be calculated in the same manner as 5.2.0 of the Agreement, except the Inpatient MS-DRG Rate shall be \$9,825.

**Section 4.1.0(f) is hereby added to the Blue Choice PPO Network Addendum to the Agreement:**

(f) Effective April 1, 2025: The Maximum Reimbursement Allowance for Inpatient Hospital Services beginning on April 1, 2025 and continuing in effect through the remainder of the Contract Period unless amended in accordance with Article XI shall be calculated in the same manner as 5.2.0 except the Inpatient MS-DRG Rate in 5.2.0a. shall be \$10,218.

**Section 4.1.1(e) is hereby added to the Blue Choice PPO Network Addendum to the Agreement:**

(e) April 1, 2024 through March 31, 2025: The Maximum Reimbursement Allowance for Outpatient Hospital Services shall be calculated in the same manner as 5.3.0, except the Outpatient EAPG Rate shall be as listed below.

	<b>Outpatient EAPG Rate</b>
Significant Procedure/Medical Visit	\$279.00
Ancillary	\$363.00

**Section 4.1.1(f) is hereby added to the Blue Choice PPO Network Addendum to the Agreement:**

(f) Effective April 1, 2025: The Maximum Reimbursement Allowance for Outpatient Hospital Services beginning on April 1, 2025 and continuing in effect through the remainder of the Contract Period unless amended in accordance with Article XI shall be calculated in the same manner as 5.3.0, except the Outpatient EAPG Rates shall be as listed below.

	<b>Outpatient EAPG Rate</b>
Significant Procedure/Medical Visit	\$287.25
Ancillary	\$363.00

**Section 4.1.0(e) is hereby added to the Blue Preferred PPO Network Addendum to the Agreement:**

- (e) April 1, 2024 through March 31, 2025: The Maximum Reimbursement Allowance for Inpatient Hospital Services shall be calculated in the same manner as 5.2.0 of the Agreement, except the Inpatient MS-DRG Rate shall be \$8,352.

**Section 4.1.0(f) is hereby added to the Blue Preferred PPO Network Addendum to the Agreement:**

- (f) Effective April 1, 2025: The Maximum Reimbursement Allowance for Inpatient Hospital Services beginning on April 1, 2025 and continuing in effect through the remainder of the Contract Period unless amended in accordance with Article XI shall be calculated in the same manner as 5.2.0 except the Inpatient MS-DRG Rate in 5.2.0a. shall be \$8,686.

**Section 4.1.1(e) is hereby added to the Blue Preferred PPO Network Addendum to the Agreement:**

- (e) April 1, 2024 through March 31, 2025: The Maximum Reimbursement Allowance for Outpatient Hospital Services shall be calculated in the same manner as 5.3.0, except the Outpatient EAPG Rate shall be as listed below.

	<b>Outpatient EAPG Rate</b>
Significant Procedure/Medical Visit	\$237.00
Ancillary	\$363.00

**Section 4.1.1(f) is hereby added to the Blue Preferred PPO Network Addendum to the Agreement:**

- (f) Effective April 1, 2025: The Maximum Reimbursement Allowance for Outpatient Hospital Services beginning on April 1, 2025 and continuing in effect through the remainder of the Contract Period unless amended in accordance with Article XI shall be calculated in the same manner as 5.3.0, except the Outpatient EAPG Rates shall be as listed below.

	<b>Outpatient EAPG Rate</b>
Significant Procedure/Medical Visit	\$244.00
Ancillary	\$363.00

**Section 4.1.0(e) is hereby added to the BlueLincs HMO Network Addendum to the Agreement:**

- (e) April 1, 2024 through March 31, 2025: The Maximum Reimbursement Allowance for Inpatient Hospital Services shall be calculated in the same manner as 5.2.0 of the Agreement, except the Inpatient MS-DRG Rate shall be \$6,879.

**Section 4.1.0(f) is hereby added to the BlueLincs HMO Network Addendum to the Agreement:**

- (f) Effective April 1, 2025: The Maximum Reimbursement Allowance for Inpatient Hospital Services beginning on April 1, 2025 and continuing in effect through the remainder of the Contract Period unless amended in accordance with Article XI shall be calculated in the same manner as 5.2.0 except the Inpatient MS-DRG Rate in 5.2.0a. shall be \$7,154.

**Section 4.1.1(e) is hereby added to the BlueLincs HMO Network Addendum to the Agreement:**

- (e) April 1, 2024 through March 31, 2025: The Maximum Reimbursement Allowance for Outpatient Hospital Services shall be calculated in the same manner as 5.3.0, except the Outpatient EAPG Rate shall be as listed below.

	<b>Outpatient EAPG Rate</b>
Significant Procedure/Medical Visit	\$195.25

Ancillary	\$363.00
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**Section 4.1.1(f) is hereby added to the BlueLincs HMO Network Addendum to the Agreement:**

- (f) Effective April 1, 2025: The Maximum Reimbursement Allowance for Outpatient Hospital Services beginning on April 1, 2025 and continuing in effect through the remainder of the Contract Period unless amended in accordance with Article XI shall be calculated in the same manner as 5.3.0, except the Outpatient EAPG Rates shall be as listed below.

	<b>Outpatient EAPG Rate</b>
Significant Procedure/Medical Visit	\$201.00
Ancillary	\$363.00

**Section 4.1.0(e) is hereby added to the Blue Advantage PPO Network Addendum to the Agreement:**

- (e) April 1, 2024 through March 31, 2025: The Maximum Reimbursement Allowance for Inpatient Hospital Services shall be calculated in the same manner as 5.2.0 of the Agreement, except the Inpatient MS-DRG Rate shall be \$6,879.

**Section 4.1.0(f) is hereby added to the Blue Advantage PPO Network Addendum to the Agreement:**

- (f) Effective April 1, 2025: The Maximum Reimbursement Allowance for Inpatient Hospital Services beginning on April 1, 2025 and continuing in effect through the remainder of the Contract Period unless amended in accordance with Article XI shall be calculated in the same manner as 5.2.0 except the Inpatient MS-DRG Rate in 5.2.0a. shall be \$7,154.

**Section 4.1.1(e) is hereby added to the Blue Advantage PPO Network Addendum to the Agreement:**

- (e) April 1, 2024 through March 31, 2025: The Maximum Reimbursement Allowance for Outpatient Hospital Services shall be calculated in the same manner as 5.3.0, except the Outpatient EAPG Rate shall be as listed below.

	<b>Outpatient EAPG Rate</b>
Significant Procedure/Medical Visit	\$195.25
Ancillary	\$363.00

**Section 4.1.1(f) is hereby added to the Blue Advantage PPO Network Addendum to the Agreement:**

- (f) Effective April 1, 2025: The Maximum Reimbursement Allowance for Outpatient Hospital Services beginning on April 1, 2025 and continuing in effect through the remainder of the Contract Period unless amended in accordance with Article XI shall be calculated in the same manner as 5.3.0, except the Outpatient EAPG Rates shall be as listed below.

	<b>Outpatient EAPG Rate</b>
Significant Procedure/Medical Visit	\$201.00
Ancillary	\$363.00

**Section 4.1.0(c) is hereby added to the NativeBlue Network Addendum to the Agreement:**

- (c) April 1, 2024 through March 31, 2025: The Maximum Reimbursement Allowance for Inpatient Hospital Services shall be calculated in the same manner as 5.2.0 of the Agreement, except the Inpatient MS-DRG Rate shall be \$6,879.

**Section 4.1.0(d) is hereby added to the NativeBlue Network Addendum to the Agreement:**

- (d) Effective April 1, 2025: The Maximum Reimbursement Allowance for Inpatient Hospital Services beginning on April 1, 2025 and continuing in effect through the remainder of the Contract Period unless amended in accordance with Article XI shall be calculated in the same manner as 5.2.0 except the Inpatient MS-DRG Rate in 5.2.0a. shall be \$7,154.

**Section 4.1.1(c) is hereby added to the NativeBlue Network Addendum to the Agreement:**

- (c) April 1, 2024 through March 31, 2025: The Maximum Reimbursement Allowance for Outpatient Hospital Services shall be calculated in the same manner as 5.3.0, except the Outpatient EAPG Rate shall be as listed below.

	<b>Outpatient EAPG Rate</b>
Significant Procedure/Medical Visit	\$195.25
Ancillary	\$363.00

**Section 4.1.1(d) is hereby added to the NativeBlue Network Addendum to the Agreement:**

- (d) Effective April 1, 2025: The Maximum Reimbursement Allowance for Outpatient Hospital Services beginning on April 1, 2025 and continuing in effect through the remainder of the Contract Period unless amended in accordance with Article XI shall be calculated in the same manner as 5.3.0, except the Outpatient EAPG Rates shall be as listed below.

	<b>Outpatient EAPG Rate</b>
Significant Procedure/Medical Visit	\$201.00
Ancillary	\$363.00

The above provisions shall become effective on April 1, 2024. In all other respects, the terms of the Agreements, as previously amended, if applicable, shall remain.

MANGUM CITY HOSPITAL AUTHORITY D/B/A  
MANGUM REGIONAL MEDICAL CENTER

BLUE CROSS AND BLUE SHIELD OF  
OKLAHOMA, A DIVISION OF HEALTH CARE  
SERVICE CORPORATION, A MUTUAL LEGAL  
RESERVE COMPANY

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Authorized Signature

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Authorized Signature

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Name of Signatory

Rick Kelly  
\_\_\_\_\_  
Name of Signatory

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Title of Signatory

Vice President, Provider Network Operations  
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Title of Signatory

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Date Signed

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Date Signed