



**BlueCross BlueShield  
of Oklahoma**

**Blue Choice PPO<sup>SM</sup> Network Addendum to the  
Blue Traditional<sup>SM</sup> Network Participating Group Agreement**

This Blue Choice PPO Network Addendum (“Blue Choice PPO Addendum”) to the Blue Traditional Network Participating Group Agreement (“Agreement”) is made and entered into by and between Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association (“The Plan”), and the undersigned (“Group”). This Blue Choice PPO Addendum includes all applicable terms and conditions of the Agreement currently in effect between Group and The Plan.

The undersigned parties hereby agree to the terms and conditions contained in this Blue Choice PPO Addendum. This Blue Choice PPO Addendum shall be effective beginning on \_\_\_\_\_

Mangum Regional Medical Center

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

\_\_\_\_\_  
Name of Group

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name of Signatory

RICK KELLY  
\_\_\_\_\_  
Name of Signatory

\_\_\_\_\_  
Title of Signatory

VICE PRESIDENT HEALTH CARE DELIVERY  
PROVIDER NETWORK OPERATIONS  
\_\_\_\_\_  
Title of Signatory

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

With respect to Blue Choice PPO Members only, the following terms shall apply:

## **ARTICLE I DEFINITIONS**

- 1.0 Blue Choice PPO Member: Any person described in *Applicability of Agreement* in Article VIII of the Agreement whose designated network is Blue Choice PPO.
- 1.1 Blue Choice PPO Participating Primary Care Physician (“Blue Choice PPO PCP”): Family and general practitioners, internists and pediatricians who are contracted by The Plan to be eligible for a Blue Choice PPO Member who subscribes to the Point of Service Program to choose as a primary care physician.
- 1.2 Blue Choice PPO Participating Provider: A hospital, other health care facility, physician, health care professional or other provider of medical services, equipment or supplies, under an agreement with The Plan to render Covered Services to Blue Choice PPO Members.
- 1.3 Group Participating Primary Care Physician (“Group Participating PCP”): A family or general practitioner, internist, pediatrician, or other as approved by The Plan, who is under an agreement with The Plan to be eligible for a Blue Choice PPO Member to choose as a primary care physician.
- 1.4 Maximum Reimbursement Allowance: The amount established by The Plan as the maximum amount allowed for Covered Services rendered to Blue Choice PPO Members, as described in Article III.
- 1.5 Point of Service (“POS”) Program: The written agreement entered into by The Plan and a group’s representative or with individuals referencing Blue Choice PPO PCP and other Blue Choice PPO Participating Providers, under which The Plan provides, indemnifies, or administers health care benefits.

## **ARTICLE II AGREEMENTS OF GROUP**

- 2.0 Accept Reimbursement: Group agrees to accept as payment in full for Covered Services rendered to Blue Choice PPO Members the lesser of Group’s Usual Charge or The Plan’s Maximum Reimbursement Allowance set forth in Article III and hold Blue Choice PPO Members harmless from any sums in excess of this Maximum Reimbursement Allowance. Group may collect from the Blue Choice PPO Member any amounts for Noncovered Services and the applicable copayment and deductible unless prohibited by law. Until The Plan has determined the Maximum Reimbursement Allowance and notified Group as to the amount due from the Blue Choice PPO Member, if any, under the Blue Choice PPO Member’s Benefit Agreement, Group shall not bill or attempt to collect from the Blue Choice PPO Member any coinsurance amounts. The total amount collected from The Plan, or administered accounts, and the Blue Choice PPO Member for copayment, deductible and coinsurance, but not including Noncovered Services, may not exceed the lesser of Group’s Usual Charge or The Plan’s Maximum Reimbursement Allowance. Group agrees to promptly refund to the Blue Choice PPO Member any amounts which may have been collected from the Blue Choice PPO Member in excess of the Blue Choice PPO Member’s responsibility as shown on The Plan’s provider claims summary.
- 2.0.0 Applicability of Reimbursement: In the event that Group has not separately contracted with The Plan for its other networks, including but not limited to Blue Preferred PPO, BlueLincs HMO or Blue Advantage PPO, the terms of this Blue Choice PPO Addendum, including the Maximum Reimbursement Allowance described herein, shall be applicable to any Covered Services rendered to a Member whose designated network is one in which Group does not participate. Group agrees to hold such Member harmless from any sums in excess of the Blue Choice PPO Maximum Reimbursement Allowance. This paragraph shall supersede any provision contained in the Agreement, if applicable, to accept the Blue Traditional Maximum Reimbursement Allowance for any Member whose designated network is one in which Group does not participate.

- 2.0.1 Written Waiver: Except where otherwise provided by applicable law, Group shall not bill or attempt to collect from the Blue Choice PPO Member for services denied as not Medically Necessary or Experimental/Investigational/Unproven unless Group has obtained a Written Waiver prior to rendering services. A Written Waiver cannot be used for Covered Services that The Plan determines are not separately reimbursable.
- 2.1 Blue Choice PPO Member: Group agrees to extend all Covered Services to Blue Choice PPO Members in accordance with the applicable terms and conditions of the Agreement currently in effect between Group and The Plan.
- 2.2 Call Coverage: Group agrees to provide coverage for Blue Choice PPO Members twenty-four (24) hours per day, seven (7) days per week by a Blue Choice PPO Participating Provider.
- 2.3 Coordinate Health Care: Group shall coordinate the Blue Choice PPO Member's health care with the Blue Choice PPO PCP and/or other specialists or facilities when such care is needed.
- 2.4 Maintain Staff Privileges: Group agrees to ensure that each Group Participating Physician maintains medical staff privileges at a Blue Choice PPO Participating Hospital. Special consideration will be given to the physician whose specialty does not ordinarily require hospital privileges. Group agrees to notify The Plan of any changes in such staff privileges in writing within thirty (30) days. Failure of Group to provide such notice to The Plan may result in termination of this Blue Choice PPO Addendum by The Plan pursuant to Article XI of the Agreement.
- 2.5 Manage Health Care: Group Participating PCP agrees to manage the total health care of the Blue Choice PPO Member. This includes, but is not limited to, health supervision, basic treatment, initial diagnosis, management of chronic conditions and preventive health services.
- 2.6 Primary Care Services: Group Participating PCP agrees to personally provide to Blue Choice PPO Members the full range of primary care services which are Medically Necessary.
- 2.7 Utilization Management: Group agrees to cooperate in utilization management activities and ensure that Prior Authorization is obtained or verified for Blue Choice PPO Members who have such requirements in their Benefit Agreement in accordance with Article VI of the Agreement.

**ARTICLE III  
MAXIMUM REIMBURSEMENT ALLOWANCES**

- 3.0 Maximum Reimbursement Allowances: Except as set forth below, the Maximum Reimbursement Allowance for Covered Services rendered to Blue Choice PPO Members shall be as set forth in the Agreement.
- 3.0.0 Conversion Factors: For Covered Services rendered to Blue Choice PPO Members, the applicable conversion factors are set forth below:

<b>Provider Type</b>	<b>E&amp;M Codes</b>	<b>All Other Codes</b>
Physician & Optometrist	\$37.96	\$47.06
Chiropractor	\$35.75	\$44.55
Certified Registered Nurse Anesthetist	\$31.27	\$38.87
Anesthesiologist Assistant, Nurse Practitioner, Physician Assistant & Psychologist	\$28.81	\$35.76
Speech Therapist	\$26.11	\$32.28
Dietician	\$24.20	\$30.17
Physical/Occupational Therapist	\$23.81	\$29.69

<b>Provider Type</b>	<b>E&amp;M Codes</b>	<b>All Other Codes</b>
Audiologist, LADC, LCSW & LPC	\$21.62	\$26.72

- 3.0.1 Anesthesia Rates: For Covered Services rendered to Blue Choice PPO Members, the applicable anesthesia rates are set forth below:

<b>Provider Type</b>	<b>Anesthesia Rate</b>
Physician	\$52.00
Certified Registered Nurse Anesthetist	\$44.00
Anesthesiologist Assistant	\$39.52

**ARTICLE IV  
TERM AND TERMINATION**

In addition to the termination provisions in Article XI of the Agreement, the following provision shall apply to this Blue Choice PPO Addendum:

- 4.0 Contract Period: This Blue Choice PPO Addendum shall be effective as stated on the cover page of this Blue Choice PPO Addendum and shall continue until the earlier of (1) termination of all agreements between Group and The Plan or (2) termination of only this Blue Choice PPO Addendum between Group and The Plan in accordance with the termination provisions of the Agreement.

**Refer to cover page for effective date and signatures.**