



**BlueCross BlueShield
of Oklahoma**

**Blue Advantage PPOSM Network Addendum to the
Blue TraditionalSM Network Participating Group Agreement**

This Blue Advantage PPO Network Addendum (“Blue Advantage 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 Advantage 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 Advantage PPO Addendum. This Blue Advantage 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 Advantage PPO Members only, the following terms shall apply:

ARTICLE I DEFINITIONS

- 1.0 Blue Advantage PPO Member: Any person described in *Applicability of Agreement* in Article VIII of the Agreement whose designated network is Blue Advantage PPO.
- 1.1 Blue Advantage PPO Participating Primary Care Physician (“Blue Advantage PPO PCP”): Family and general practitioners, internists, pediatricians and others as approved by The Plan, who are under an agreement with The Plan to render Covered Services to Blue Advantage PPO Members and to be eligible for a Blue Advantage PPO Member to choose as a primary care physician.
- 1.2 Blue Advantage 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 Advantage 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 employed by or under an agreement with Group and eligible for a Blue Advantage PPO Member to choose as a primary care physician.
- 1.4 Maximum Reimbursement Allowance: The amount established by The Plan as the maximum allowed amount for Covered Services rendered to Blue Advantage PPO Members, as described in Article III.

ARTICLE II AGREEMENTS OF GROUP

- 2.0 Accept Reimbursement: Group agrees to accept as payment in full for Covered Services rendered to Blue Advantage PPO Members the lesser of Group’s Usual Charge or The Plan’s Maximum Reimbursement Allowance set forth in Article III and hold Blue Advantage PPO Members harmless from any sums in excess of this Maximum Reimbursement Allowance. Group may collect from the Blue Advantage 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 Advantage PPO Member, if any, under the Blue Advantage PPO Member’s Benefit Agreement, Group shall not bill or attempt to collect from the Blue Advantage PPO Member any coinsurance amounts. The total amount collected from The Plan, or administered accounts, and the Blue Advantage 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 Advantage PPO Member any amounts which may have been collected from the Blue Advantage PPO Member in excess of the Blue Advantage PPO Member’s responsibility as shown on The Plan’s provider claims summary.
 - 2.0.0 Written Waiver: Except where otherwise provided by applicable law, Group shall not bill or attempt to collect from the Blue Advantage 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 Advantage PPO Member: Group agrees to extend all Covered Services to Blue Advantage 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 Advantage PPO Members twenty-four (24) hours per day, seven (7) days per week by a Blue Advantage PPO Participating Provider.
- 2.3 Coordinate Health Care: Group shall coordinate the Blue Advantage PPO Member's health care with the Blue Advantage 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 Advantage 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 Advantage 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 Advantage 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 Advantage 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 Advantage 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 Advantage PPO Members shall be as set forth in the Agreement.
 - 3.0.0 Conversion Factors: For Covered Services rendered to Blue Advantage PPO Members, the applicable conversion factors are set forth below:

Provider Type	All Codes
Chiropractor, Optometrist & Physician	\$35.00
Anesthesiologist Assistant, Certified Registered Nurse Anesthetist, Nurse Practitioner, Physician Assistant & Psychologist	\$28.86
All Other Health Care Professionals	\$22.60

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

Provider Type	Anesthesia Rate
Physician	\$39.00
Certified Registered Nurse Anesthetist	\$33.15
Anesthesiologist Assistant	\$29.64

**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 Advantage PPO Addendum:

- 4.0 Contract Period: This Blue Advantage PPO Addendum shall be effective as stated on the cover page of this Blue Advantage 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 Advantage 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.