



**BlueCross BlueShield
of Oklahoma**

**Blue Preferred PPOSM Network Addendum to the
Blue TraditionalSM Network Participating Group Agreement
including the Blue Choice PPOSM Network Addendum**

This Blue Preferred PPO Network Addendum (“Blue Preferred 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 Preferred PPO Addendum includes all applicable terms and conditions of the Agreement and the Blue Choice PPO Network Addendum (the “Blue Choice PPO Addendum”) currently in effect between Group and The Plan.

The undersigned parties hereby agree to the terms and conditions contained in this Blue Preferred PPO Addendum. This Blue Preferred 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 Preferred PPO Members only, the following terms shall apply:

ARTICLE I DEFINITIONS

- 1.0 Blue Preferred PPO Member: Any person described in *Applicability of Agreement* in Article VIII of the Agreement whose designated network is Blue Preferred PPO.
- 1.1 Blue Preferred 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 Preferred PPO Members.
- 1.2 Maximum Reimbursement Allowance: The amount established by The Plan as the maximum amount allowed for Covered Services rendered to Blue Preferred 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 Preferred PPO Members, the lesser of Group's Usual Charge or The Plan's Maximum Reimbursement Allowance set forth in Article III and hold Blue Preferred PPO Members harmless from any sums in excess of this Maximum Reimbursement Allowance. Group may collect from the Blue Preferred 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 Preferred PPO Member, if any, under the Blue Preferred PPO Member's Benefit Agreement, Group shall not bill or attempt to collect from the Blue Preferred PPO Member any coinsurance amounts. The total amount collected from The Plan, or administered accounts, and the Blue Preferred 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 Preferred PPO Member any amounts which may have been collected from the Blue Preferred PPO Member in excess of the Blue Preferred 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 BlueLines HMO or Blue Advantage PPO, the terms of this Blue Preferred 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 Preferred PPO Maximum Reimbursement Allowance. This paragraph shall supersede any provision contained in the Blue Choice PPO Addendum, if applicable, to accept the Blue Choice PPO 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 Preferred 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 Preferred PPO Member: Group agrees to extend all Covered Services to Blue Preferred PPO Members in accordance with the applicable terms and conditions of the Agreement and the Blue Choice PPO Addendum currently in effect between Group and The Plan.
- 2.2 Call Coverage: Group agrees to provide coverage for Blue Preferred PPO Members twenty-four (24) hours per day, seven (7) days per week by a Blue Preferred PPO Participating Provider.

- 2.3 Maintain Staff Privileges: Group agrees to ensure that each Group Participating Physician maintains medical staff privileges at a Blue Preferred 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 Preferred PPO Addendum by The Plan pursuant to Article XI of the Agreement.
- 2.4 Utilization Management: Group agrees to cooperate in utilization management activities and ensure that Prior Authorization is obtained or verified for Blue Preferred PPO Members who have such requirements in their Benefit Agreement in accordance with Article V 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 Preferred PPO Members shall be as set forth in the Agreement.
- 3.0.0 Conversion Factors: For Covered Services rendered to Blue Preferred PPO Members, the applicable conversion factors are set forth below:

Provider Type	E&M	All Other
Physician & Optometrist	\$35.54	\$43.77
Chiropractor	\$33.31	\$41.27
Certified Registered Nurse Anesthetist	\$29.21	\$36.08
Anesthesiologist Assistant, Nurse Practitioner, Physician Assistant & Psychologist	\$27.94	\$34.47
Speech Therapist	\$24.49	\$30.09
Dietician	\$22.55	\$27.95
Physical/Occupational Therapist	\$22.18	\$27.50
Audiologist, LADC, LCSW & LPC	\$20.29	\$24.90

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

Provider Type	Anesthesia Rate
Physician	\$47.00
Certified Registered Nurse Anesthetist	\$40.00
Anesthesiologist Assistant	\$35.72

**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 Preferred PPO Addendum:

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