

## **Hospital Vendor Contract Summary Sheet**

☒ **Existing Vendor**

☐ **New Vendor**

**1. Name of Contract:** Amendment to the Blue Traditional Network Participating Hospital Agreement, the Blue Choice PPO, Blue Preferred PPO, BlueLines HMO, Blue Advantage PPO, and NativeBlue Network Addendums to the Blue Traditional Network Participating Hospital Agreement.

**2. Contracted Parties:** Blue Cross and Blue Shield of Oklahoma and Mangum City Hospital Authority d/b/a Mangum Regional Medical Center.

**3. Contract Services:** Insurance Reimbursement

**4. Impacted Departments:** Revenue Operations

**5. Summary:**

Addendum and extension to our existing agreement dated 4/1/2020 through 3/31/2024 primarily involving an increased in reimbursement rates for inpatient and outpatient. See attached summary of revised rates.

**6. Costs:** None

**7. Term:** April 1, 2022 through March 31, 2024.

**8. Termination Clause:** N/A

**9. Other:**

**Mangum Regional Medical Center**  
*BCBSOK Proposed Hospital Extension Agreement*  
*Summary of Rates*

		Rates Per Proposed BCBSOK Extension Agreement								
		Current Rates (4/1/2021 - 3/31/2022)			(4/1/2022 - 3/31/2023)			(4/1/2023 - 3/31/2024)		
Product Line of Business	Product Name/Type	Inpatient MS-DRG Rate	OP EAPG Rate	Ancillary	Inpatient MS-DRG Rate	OP EAPG Rate	Ancillary	Inpatient MS-DRG Rate	OP EAPG Rate	Ancillary
Commercial	Blue Traditional	\$10,343	\$265.25	\$358.00	\$10,550	\$276.00	\$358.00	\$10,761	\$281.50	\$358.00
	Blue Choice PPO	\$8,994	\$230.75	\$358.00	\$9,174	\$240.00	\$358.00	\$9,357	\$244.75	\$358.00
	Blue Preferred PPO	\$7,645	\$196.00	\$358.00	\$7,798	\$204.00	\$358.00	\$7,954	\$208.00	\$358.00
	Blue Lincs HMO Blue Advantage PPO Native Blue	\$6,297	\$161.50	\$358.00	\$6,423	\$168.00	\$358.00	\$6,551	\$171.25	\$358.00