

## Hospital Vendor Contract Summary Sheet

1.  Existing Vendor  New Vendor
2. **Name of Contract: BCBS Medicare Advantage HMO Amendment**
3. **Contract Parties: BCBS MA and MCHA dba MRMC**
4. **Contract Type Services: Blue Choice Medicare Advantage reimbursement agreement.**
5. **Impacted Hospital Departments: Rev Ops**
6. **Contract Summary: Establishes new higher rates of reimbursement effective 1/05/2022. See chart below.**
7. **Cost: N/A**
8. **Prior Cost: N/A**
9. **Term: Next cost report review.**
10. **Termination Clause: N/A**
11. **Other:**

<i>Lump Sum/Rate Change Summary</i>	
Provider Name:	MANGUM REGIONAL MEDICAL CENTER
Provider Number:	371330
Fiscal Year End:	12/31/2021
Auditor:	Haley Aguilar
PS&R thru date:	12/09/2021
Determination Date:	12/22/2021
Workpaper Ref #:	IR.3.1

	Provider Name:	Payment Type	Effective Date	New Rate	Previous Rate	LSA	CCN #:
Main	MANGUM REGIONAL MEDICAL CENTER	Part A Per Diem	01/05/2022	\$ 3,356.00	\$ 3,021.00		371330
				*	\$ -	\$ 115,905	
		Part B Percentage		*	48%	\$ (10,570)	
		LSA SUBTOTAL				\$ 105,335	
SWB	MANGUM REGIONAL MEDICAL CENTER	Part A Per Diem	01/05/2022	\$ 3,231.00	\$ 2,967.00	\$ 841,590	37Z330
		LSA SUBTOTAL				\$ 841,590	
<b>TOTAL LUMP SUM ADJUSTMENT</b>						\$ 946,925	

cc: Rate Review File  
\* = No Change