

Hospital Vendor Contract Summary Sheet

1. Existing Vendor New Vendor
2. **Name of Contract: BCBS Medicare Advantage PPO Addendum**
3. **Contract Parties: BCBS and MCHA dba MRMC**
4. **Contract Type Services: Blue Choice Medicare Advantage reimbursement agreement.**
5. **Impacted Hospital Departments: All hospital departments**
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:**

| Lump Sum/Rate Change Summary | |
|-------------------------------------|--------------------------------|
| 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 | \$ 115,905 | 371330 |
| | | | | * | \$ - | \$ (10,570) | |
| | | Part B Percentage | | * | 48% | | |
| | | LSA SUBTOTAL | | | | \$ 105,335 | |
| SWB | MANGUM REGIONAL MEDICAL CENTER | Part A Per Diem | 01/05/2022 | \$ 3,231.00 | \$ 2,967.00 | \$ 841,590 | 372330 |
| | | | | | | | |
| | | LSA SUBTOTAL | | | | \$ 841,590 | |
| TOTAL LUMP SUM ADJUSTMENT | | | | | | \$ 946,925 | |

cc: Rate Review File
 * = No Change