



OKLAHOMA STATE AND EDUCATION EMPLOYEES GROUP INSURANCE BOARD

April 2006

Attention Network Providers:

HealthChoice will be changing its reimbursement methodology for Ambulatory Surgery Centers effective for charges incurred on or after July 1, 2006. The new reimbursement methodology is based on Medicare's current Ambulatory Surgery Center (ASC) claims payment methodology with some variations.

A hearing was held on February 1, 2006 for ASC representatives specifically regarding the new payment methodology. Subsequent to the hearing, a Task Force of ASC representatives was formed in an effort to obtain additional input from the providers. Based on the collective work of the Task Force and HealthChoice, the payment methodology presented at the hearing received some additional modifications, specifically regarding implants and groupings. The participation of the ASC Task Force was vital to the development of the final version of ASC reimbursement which will be implemented on July 1, 2006. The ASC fee schedule will be reviewed annually. As required by law, providers will be notified of any major changes in the reimbursement rates or methodology.

Enclosed is a new HealthChoice Network Provider Contract for ASCs which contains the new payment methodology and a Facility Application. Also enclosed for your review is the current ASC fee schedule. It is necessary for your organization to agree to the terms of the new Contract to continue its membership in the Provider Network. Please complete the Facility Application and sign the signature page. Send the completed documents to the address listed on the signature page.

The current Facility Contract for ASCs will be terminated on June 30, 2006. ASCs that do not agree to the terms of the new contract will be considered non-Network after June 30th.

If you need further information, please contact HealthChoice Provider Relations at 1-405-717-8790 or toll-free at 1-800-543-6044.

On behalf of our members, HealthChoice appreciates the significant contributions your organization has made to this benefits program and we look forward to your continued participation in the Provider Network.

Sincerely,

Jon Wood
Director, Provider Relations

Enclosure

**OKLAHOMA STATE AND EDUCATION
EMPLOYEES GROUP INSURANCE BOARD**

HealthChoice

NETWORK PROVIDER

AMBULATORY SURGERY CENTER CONTRACT

TABLE OF CONTENTS

I.	RECITALS.....	1
II.	DEFINITIONS.....	1
III.	RELATIONSHIP BETWEEN OSEEGIB AND THE ASC.....	3
IV.	ASC SERVICES AND RESPONSIBILITIES	3
V.	OSEEGIB SERVICES AND RESPONSIBILITIES	4
VI.	COMPENSATION AND BILLING.....	5
VII.	UTILIZATION REVIEW.....	9
VIII.	LIABILITY AND INSURANCE.....	10
IX.	MARKETING, ADVERTISING AND PUBLICITY	11
X.	DISPUTE RESOLUTION	11
XI.	TERM AND TERMINATION	11
XII.	GENERAL PROVISIONS	12

EXHIBIT A – OSEEGIB CPT/HCPCS Mapped to ASC Payment Group-

See: www.sib.ok.gov/Providers/Contracts.htm

EXHIBIT B - List of Implants for Which OSEEGIB Allows Separate Reimbursement

See: www.sib.ok.gov/Providers/Contracts.htm

APPLICATION AND SIGNATURE PAGE

HealthChoice

Ambulatory Surgery Center Network Provider Contract

This HealthChoice Ambulatory Surgery Center Network Provider Contract is between the Oklahoma State and Education Employees Group Insurance Board (OSEEGIB) and the business entity executing this Contract that operates an Ambulatory Surgery Center (ASC).

I. RECITALS

- 1.1 OSEEGIB is a State of Oklahoma governmental agency that administers health, life, dental, and disability insurance benefits for State, education, local government, and other eligible employees and retirees, pursuant to the State and Education Employees Group Insurance Act, 74 O. S. § 1301 et seq.
- 1.2 The intent of this Contract is to provide access to enhanced quality health care, utilizing managed care components at an affordable, competitive cost to OSEEGIB and its Members.
- 1.3 OSEEGIB administers self-funded health plans that are identified by the trade name "HealthChoice." HealthChoice plans are intended to financially encourage the Members to utilize Network Providers.

IN CONSIDERATION OF THE MUTUAL COVENANTS AND PROMISES OF THE PARTIES, OSEEGIB AND THE ASC AGREE AS FOLLOWS:

II. DEFINITIONS

- 2.1 "Allowable Fee" means the maximum amount payable to an ASC in accordance with the provisions in Section VI of this Contract.
- 2.2 "ASC Payment Groups" means the payment groups published by CMS containing CPT/HCPCS codes for procedures performed by the ASC and additional payment groups recognized by OSEEGIB.
- 2.3 "CMS" means the Centers for Medicare and Medicaid Services.
- 2.4 "CPT" means Current Procedural Terminology.
- 2.5 "Credentialing Plan" means a general guide and process for the acceptance, cooperation, and termination of participating facilities and other health care providers.

- 2.6 "Emergency" means a sudden and unexpected symptom that a prudent lay person who possesses an average knowledge of health and medicine could reasonably expect that the absence of immediate medical attention would result in placing the health of the individual or others in serious jeopardy.
- 2.7 "Facility Services" means acute care inpatient and outpatient services.
- 2.8 "HCPCS" means Healthcare Common Procedure Coding System.
- 2.9 "Medical" means belonging to the study and practice of medicine for the prevention, alleviation or management of a physical or mental defect, illness, or condition.
- 2.10 "Medical Services" means the professional services provided by the ASC and covered by an OSEEGIB HealthChoice plan.
- 2.11 "Medically Necessary" means services or supplies which are provided for the diagnosis and treatment of the medical and/or mental health/substance abuse condition and complies with criteria adopted by OSEEGIB. Direct care and treatment are within standards of good medical practice within the community, and are appropriate and necessary for the symptoms, diagnosis or treatment of the condition. The services or supplies must be the most appropriate supply or level of service, which can safely be provided. For hospital stays, this means that inpatient acute care is necessary due to the intensity of services the Member is receiving or the severity of the Member's condition, and that safe and adequate care cannot be received as an outpatient or in a less intensified medical setting. The services or supplies cannot be primarily for the convenience of the Member, caregiver, or provider. The fact that services or supplies are medically necessary does not, in itself, assure that the services or supplies are covered by the Plan.
- 2.12 "Member" means all persons covered by the HealthChoice group insurance plans, including eligible current and qualified former employees of participating entities and their eligible covered dependents. Qualified former employees include those who have retired or vested through an eligible State of Oklahoma retirement system, or who have completed the statutory required years of service, or who have other coverage rights through the Consolidated Omnibus Budget Reconciliation Act (COBRA) or the Oklahoma Personnel Act.
- 2.13 "Network Provider" means a practitioner or facility duly licensed under the laws of the state in which the Network Provider operates and/or is accredited by a nationally recognized accrediting organization approved by state or federal guidelines, and has entered into a contract with OSEEGIB to accept scheduled reimbursement for covered health care services and supplies provided to Members.
- 2.14 "Outpatient Services and/or Surgical Procedures" means medically necessary facility services for treatment rendered by an ASC to a Member, including, but not limited to, emergency room care, clinic care, ambulatory surgery, radiology, pathology and other services which are provided without the admission of the patient.

- 2.15 "Pre-Certification" means a function performed by OSEEGIB to review and certify medical necessity prior to the receipt of service for surgical procedures identified in Section VII of this contract.
- 2.16 "Prior Authorization" means a function performed by OSEEGIB to review for medical necessity in identified areas of practice as defined at 7.11 of this Contract, prior to services being rendered.

III. RELATIONSHIP BETWEEN OSEEGIB AND THE ASC

- 3.1 The ASC is an independent contractor that has entered into this Contract to become a Network Provider and is not, nor is intended to be, the employee, agent or other legal representative of OSEEGIB in the performance of the provisions of this Contract. Nothing in this Contract shall be construed or be deemed to create a relationship with OSEEGIB contrary to that of independent contractor for the purposes of this Contract.
- 3.2 OSEEGIB and the ASC agree that all of the parties hereto shall respect and observe the provider/patient relationship which will be established and maintained by the ASC. The ASC may choose not to establish a provider/patient relationship if the ASC would have otherwise made the decision not to establish a provider/patient relationship had the patient not been a Member. The ASC reserves the right to refuse to furnish services to a Member in the same manner as they would any other patient.
- 3.3 Nothing in this Contract is intended to be construed or be deemed to create any rights or remedies in any third party, including but not limited to a Network Provider other than Members and the Network Provider named in this Contract.

IV. ASC SERVICES AND RESPONSIBILITIES

- 4.1 ASC is duly licensed by the state of residence and is certified to participate in the Medicare program under Title XVIII of the Social Security Act, and/or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or Accreditation Association for Ambulatory Health Care (AAAHC), if applicable, and shall comply with all applicable federal, state, and local laws regulating such an ASC providing Medical Services and satisfies additional credentialing criteria as established by OSEEGIB.
- 4.2 The ASC shall provide quality, Medically Necessary services to Members, in a cost efficient manner, when ordered by a licensed practitioner who has been awarded the prerequisite clinical privileges to order and/or perform such services. Nothing in this Contract shall be construed to require the medical staff of the ASC to perform any procedure or course of treatment which the medical staff deems professionally unacceptable or is contrary to the ASC's policy.
- 4.3 The ASC shall provide services to Members in the same manner and quality as those services are provided to all other patients of the ASC.
- 4.4 The ASC has, and shall maintain, in good standing while this Contract is in effect, all licenses required by law, and if applicable, certification to participate in the Medicare

program under Title XVIII of the Social Security Act and/or JCAHO and/or AAACH certification.

- 4.5 The ASC agrees to make reasonable efforts to refer Members to other Network Providers with which OSEEGIB contracts for Medically Necessary services that the ASC cannot or chooses not to provide, or is not a covered Facility Services for an ASC as defined by this contract.
- 4.6 The ASC physicians shall use best efforts to prescribe for Members medications identified on the adopted formulary or explain, in writing, on behalf of the Members of OSEEGIB why it is medically inappropriate to do so.
- 4.7 The ASC shall participate in the Pre-Certification and Prior Authorization procedures provided in Section VII and for purposes of reimbursement to abide by decisions resulting from that review subject to the rights of reconsideration, review and appeal.
- 4.8 The ASC shall furnish any medical and billing records covering any services for any Member at no cost to OSEEGIB or the Member, with the understanding that each member, as a condition of enrollment in HealthChoice Plans has authorized such disclosure.
- 4.9 The ASC shall accurately complete the Network Provider application which is attached to and made part of this Contract. The ASC shall notify OSEEGIB of any change in the information contained in the application within 15 days of such change, including resolved litigation listed as “pending” on the original application.
- 4.10 The ASC shall reimburse OSEEGIB for any overpayments made to the ASC within 30 days of the ASC's receipt of the overpayment notification.
- 4.11 The ASC shall submit to an on-site patient record audit upon 48 hours advance notice.
- 4.12 The ASC is knowledgeable of OSEEGIB’s Fraud, Waste and Abuse Program pertaining to OSEEGIB’s fraud, waste and abuse detection, correction and prevention. This program is posted on OSEEGIB’s web site at www.sib.ok.gov
- 4.13 The ASC shall disclose whether it or any of its officers are named on the United States Department of Health and Human Services Office of Inspector General and the General Services Administration exclusion list.

V. OSEEGIB SERVICES AND RESPONSIBILITIES

- 5.1 OSEEGIB agrees to pay the ASC compensation pursuant to the provisions of Section VI, subject to appropriate application of procedural coding recommendations.
- 5.2 OSEEGIB agrees to grant the ASC the status of "Network Provider" and to identify the ASC as a Network Provider on informational materials disseminated to Members.

- 5.3 OSEEGIB agrees to continue listing the ASC as a Network Provider until this Contract terminates.
- 5.4 OSEEGIB agrees to maintain a listing of all Network Providers on the OSEEGIB web site @ www.sib.ok.gov
- 5.5 OSEEGIB agrees to provide appropriate identification cards for Members.
- 5.6 OSEEGIB acknowledges the confidentiality, privacy and security regulations pertaining to Members' health and file records and to only release pertinent clinical information in accordance with state and federal guidelines.
- 5.7 OSEEGIB shall give a 48-hour notice prior to an audit.
- 5.8 OSEEGIB shall maintain Pre-Certification and Prior Authorization procedures in order to aid its Members in making decisions that will maximize medical benefits and reduce their financial risk.

VI. COMPENSATION AND BILLING

- 6.1 OSEEGIB shall determine the Allowable Fee for purposes of reimbursement to the ASC for Facility Services furnished in connection with a covered procedure. OSEEGIB shall categorize what shall constitute a covered procedure and an ASC Payment Group.
- 6.2 Facility Services for which the ASC may be reimbursed by OSEEGIB and/or Members under this Contract are those set forth in the ASC Payment Groups as provided in paragraph 6.7.
- 6.3 OSEEGIB will pay 80% of the Allowable Fee and the Member shall pay 20% of the Allowable Fee unless the Member has met the stop loss limitation, and the OSEEGIB shall pay the Allowable Fee and the Member has no liability. When the Allowable Fee exceeds billed charges, OSEEGIB shall pay 80% of the Allowable Fee and the Member shall pay 20% of billed charges unless the Member has met the stop loss limitation and then OSEEGIB shall pay the Allowable Fee and the Member has no liability.
- 6.4 The ASC shall seek payment only from OSEEGIB for the provision of Facility Services except as provided in paragraphs 6.5, 6.13 and 6.18. Payment from OSEEGIB may be limited after application of the amounts referred to in paragraph 6.5, when the Member has received Medically Necessary covered services, subject to plan limitations and conditions.
- 6.5 OSEEGIB may reduce the payment and the ASC may collect from the Member any deductibles, coinsurance and copayments according to the Member's HealthChoice Plan in effect at the time charges are incurred. A complete description of HealthChoice medical insurance plans is available on OSEEGIB's website at www.ok.sib.gov

- 6.6 OSEEGIB's and the Member's financial liability shall be limited to the procedure's Allowable Fee as determined by OSEEGIB, applying appropriate coding methodology, whether the ASC has billed appropriately or not.
- 6.7 OSEEGIB shall utilize the same ASC Payment Group numbers as published by CMS and available at <http://www.cms.hhs.gov/ASCPayment>. OSEEGIB shall also utilize groups which contain procedure codes that will be recognized for reimbursement purposes in addition to those recognized by CMS for performance in an ASC setting. The CPT/HCPCS and the appropriate ASC Payment Group to which each is assigned is incorporated in this contract by reference, labeled as Exhibit A and found at the OSEEGIB website at www.sib.ok.gov/Providers/Contracts.htm. It is OSEEGIB's intent to review and update the ASC Payment Groups annually. It is OSEEGIB's further intent to update the ASC Payment Groups as it deems necessary when new codes are identified by the American Medical Association or CMS. An ASC may request a review of a billing code for inclusion in an ASC Payment Group by addressing a written request with supporting documentation to: OSEEGIB, Provider Relations, 3545 NW 58th Street, Suite 500, Oklahoma City, Oklahoma 73112.
- 6.8 The ASC Facility Services Allowable Fee includes the following:
- a. The use of an ASC facility, operating and recovery rooms, preparation area and emergency equipment;
 - b. Observation room, including the use of waiting room or lounges by the patients and relatives;
 - c. Administrative services such as scheduling, recordkeeping, housekeeping and related items, coordination for discharge, utilities and rent;
 - d. Services provided by nurses, orderlies, technical staff and others involved in the member's care connected to the procedure and other related services;
 - e. Pre-operative and intra-operative radiology and laboratory services including chest x-rays provided by the ASC. Laboratory services that are performed under a Clinical Laboratory Improvement Act (CLIA) certificate of waiver;
 - f. Anesthetic and any materials disposable or reusable, needed to administer anesthesia;
 - g. Drugs and biologicals including preparation, administration and monitoring of patient;
 - h. Surgical dressings, supplies, splints, casts, appliances and equipment related to the surgical procedure;
 - i. Intraocular lenses for insertion during or after cataract surgery;
 - j. Supervision of the services of an anesthetic by the operating surgeon;

- k. Therapeutic items;
 - l. Blood and blood products;
 - m. Implants, except as those specifically allowed at 6.10.
- 6.9 The ASC Facility Services Allowable Fee excludes the following:
- a. Physician services, including anesthesia;
 - b. The sale, lease or rental of durable medical equipment for use in the Member's home;
 - c. All prosthetic devices except for intraocular lenses;
 - d. Leg, arm, back and neck braces;
 - e. Artificial legs, arms and eyes;
 - f. Services furnished by an independent laboratory;
 - g. Ambulance services;
 - h. Laboratory, x-ray and diagnostic procedures (other than those directly related to performance of the surgical procedure).
- 6.10 Implants are defined as material(s) inserted into the body, including living, inert, or biological material (i.e. screws, grafts, plates, or fixation devices) used for the purpose of creating stability (to correct, protect, or stabilize a deformity) where the majority of the product is left under the skin after surgery. OSEEGIB reimburses separately for implants listed on Exhibit B which is incorporated in this Contract by reference and found at the OSEEGIB Provider website at www.sib.ok.gov/Providers/Contracts.htm. It is OSEEGIB's intent to review and update Exhibit B annually. It is OSEEGIB's further intent to update Exhibit B as it deems necessary when new codes are identified by the American Medical Association or CMS. An ASC may request a review of an implant for inclusion in Exhibit B by addressing a written request with supporting documentation to: OSEEGIB, Provider Relations, 3545 NW 58th Street, Suite 500, Oklahoma City, Oklahoma 73112. OSEEGIB does not reimburse separately for mesh, sutures, suture anchors, staples, wire, catheters, vascular stent, stents used in the intestinal tract, and devices associated with sterilization or fertility procedures. OSEEGIB's reimbursement of implants is subject to the following conditions:
- a. Implants must be billed at invoice cost, plus ten percent (10%) less any rebates and/or discounts received by the ASC. Implants shall be billed using the most descriptive CPT/HCPCS code and OSEEGIB will allow up to the net cost plus ten percent (10%), including shipping, handling, and tax. Shipping, handling and tax must be prorated for the billed implant for invoices including supplies other than the billed implant. If there is no CPT/HCPCS code available for a certain implant, OSEEGIB

will accept the appropriate unlisted CPT/HCPCS code with an explanation of each item and the corresponding charge.

- b. Upon request, OSEEGIB requires the actual invoice for the implant billed.
 - c. OSEEGIB requires the ASC to include a description of implant items on both electronic and paper claims.
 - d. OSEEGIB may conduct quarterly retrospective audits of the ASC's charges for implants. Upon the occurrence of an audit, OSEEGIB will request invoices for audited claims and any other documentation showing discounts that are not listed on the invoice. Invoices must identify which implants listed on the invoice apply to the claim being audited. Upon request, the ASC has twenty (20) days to submit this information to OSEEGIB. During the audit, if OSEEGIB finds that the ASC is billing more than acquisition costs, plus ten percent (10%), the ASC will be required to refund any overpayments made by OSEEGIB to the ASC and to provide copies of invoices for all subsequent claims submitted prior to payment. If the ASC continues to bill above the acquisition cost, or does not provide copies of requested invoices with the required timeframe then, OSEEGIB will no longer allow reimbursement to the ASC for implants as a separate reimbursable item.
- 6.11 If an ASC bills a CPT/HCPCS code that OSEEGIB considers to be part of another more comprehensive code that is also billed for the same patient on the same date of service, only the more comprehensive code is covered for purposes of reimbursement. If more than one surgical procedure is performed in the same operative session, the procedure in the more comprehensive ASC Payment Group will receive full payment and the remaining procedure(s) will be allowed at fifty percent (50%) of the reimbursement rate for the next covered ASC Payment Group. If more than one procedure in the same ASC Payment Group is performed, one procedure will be reimbursed the full payment and the remaining procedure(s) will be reimbursed at fifty percent (50%) of the reimbursement rate.
- 6.12 The ASC agrees not to charge more for Medical Services to Members than the amount normally charged (excluding Medicare) by the ASC to other patients for similar services. The ASC's usual charges may be requested by OSEEGIB and verified through an audit.
- 6.13 The ASC agrees that the only charges for which a Member may be liable and be billed by the ASC shall be for deductibles, coinsurance, copayments or services not covered by or limited by the HealthChoice Plan, or as provided in paragraph 6.18. The ASC shall not waive any deductibles, copayments and coinsurance required by OSEEGIB.
- 6.14 The ASC shall refund to the Member any overpayment made by the Member within 30 days of discovery.
- 6.15 In a case in which OSEEGIB is primary under applicable coordination of benefit rules, OSEEGIB will pay the Allowable Fee under this Contract. In a case in which OSEEGIB is other than primary under OSEEGIB's coordination of benefit rules, OSEEGIB will pay the Member's liability for out of pocket expenses such as deductibles, copayments of

coinsurance, under the primary policy, up to OSEEGIB's maximum liability under the terms of this Contract or OSEEGIB's standard benefit, whichever is less. No payment will be made for any charge that is not an allowed expense or an amount for which the Member is contractually held harmless under any coordinating policy.

- 6.16 The ASC shall bill OSEEGIB on Form CMS 1500 in the manner prescribed by CMS guidelines and in accordance with the CMS 1500 Manual for the state in which the ASC operates. The ASC shall bill OSEEGIB within six (6) months of the date of services or the date of discharge. This provision shall not apply in cases involving litigation, multiple payors, or where the patient has failed to notify the ASC that (s)he is a Member.
- 6.17 OSEEGIB shall reimburse the ASC within 45 days of receipt of billings that are accurate, complete and otherwise in accordance with this Contract and the laws governing the same. See: 74 O.S. § 1328. OSEEGIB will not be responsible for the delay of reimbursement due to circumstances beyond OSEEGIB's control.
- 6.18 The ASC shall not charge the Member for Medical Services denied during Pre-Certification procedures described in Section VII or for Facility Services excluded for payment when provided in an ASC setting, unless the ASC has obtained a written waiver from that Member. Such a waiver shall be obtained only upon the denial prior to the provision of those Medical Services. The waiver shall clearly state that the Member shall be responsible for payment of Medical Services denied by OSEEGIB.
- 6.19 OSEEGIB shall have the right at all reasonable times and to the extent permitted by law, to inspect and duplicate all medical and billing records relating to Medical Services rendered to covered Members at no cost to OSEEGIB or the Member.

VII. UTILIZATION REVIEW

- 7.1 The ASC shall use best efforts to adhere to and cooperate with OSEEGIB's Pre-Certification and Prior Authorization procedures. These procedures do not guarantee a Member's eligibility or that benefits are payable, but assure that the Medical Services to be provided are covered under the HealthChoice Plan.
- 7.2 The ASC, or its representative, shall notify OSEEGIB of outpatient surgical procedures outlined at Section 7.3 of this Contract. A request for Pre-Certification shall be made at least three days prior to the scheduled outpatient surgical procedure. A request for certification shall be made within one working day after an emergency outpatient surgical procedure. Such notification shall be at no charge to OSEEGIB or the Member. Failure to comply with Pre-Certification shall result in the ASC's reimbursement being penalized by ten percent (10%) if Medical Necessity is confirmed retrospectively and, if not confirmed, there shall be no reimbursement.
- 7.3 The ASC shall notify OSEEGIB of certain specific outpatient surgical procedures. See website at www.sib.ok.gov/PDFfiles/HealthHandBook2006.pdf Go to the Table of Contents, Required Plan Processes, Precertification.

- 7.4 The certification requirements are intended to maximize insurance benefits assuring that medical services are provided to the Member at the appropriate level of care in the appropriate setting. In no event is it intended that the procedures interfere with the physician's or ASC's decision to order admission or discharge of the patient to or from the hospital.
- 7.5 OSEEGIB shall maintain review procedures and screening criteria that take into account professionally acceptable standards for quality medical care in the community. OSEEGIB shall consider all relevant information concerning the Member before medical necessity is approved or denied.
- 7.6 OSEEGIB shall respond to requests for certification by immediately assigning a code number to each request.
- 7.7 At the time of the certification request, the ASC should be prepared to give the following information:
- a. Member's name and identification number,
 - b. age and sex,
 - c. diagnosis,
 - d. planned procedure or surgery,
 - e. scheduled date of surgery,
 - f. name of place services are to be performed,
 - g. name of physician, and
 - h. Member status (i.e.: employee, dependent).
- 7.8 OSEEGIB shall not retrospectively deny any previously approved care. The ASC shall update OSEEGIB as the Member's condition or diagnosis changes.
- 7.9 Upon the Member's request, OSEEGIB shall reconsider any non-approved services. The ASC may submit a formal written appeal to OSEEGIB.
- 7.10 The ASC shall request Pre-Certification before the admission or referral of Members to non-Network hospitals. OSEEGIB shall review Emergency referrals to non-Network hospitals to determine whether the admission was Medically Necessary and an Emergency as defined in this Contract.
- 7.11 The ASC shall request prior authorization from OSEEGIB for the following:
- a. home health care,
 - b. durable medical equipment,
 - c. home infusion therapies.

VIII. LIABILITY AND INSURANCE

- 8.1 Neither party to this Contract, OSEEGIB nor the ASC, or any agent, employee or other representative of a party, shall be liable to third parties for any act by commission or

omission of the other party in performance of this Contract and the terms and provisions herein.

- 8.2 The ASC shall be required to obtain general and medical liability coverages for claims of acts and omissions of the ASC and its employees and agents. Such coverage shall be maintained at a level of not less than that which is mandated by state statute or less than One Million Dollars (\$1,000,000) per incident, when the ASC is not regulated by statute. OSEEGIB shall be notified 30 days prior to cancellation. If coverage is lost or reduced below specified limits, OSEEGIB may cancel this contract.

IX. MARKETING, ADVERTISING AND PUBLICITY

- 9.1 OSEEGIB shall encourage its Members to use the services of the Network ASC.
- 9.2 OSEEGIB shall have the right to use the name, address, phone number and specialty of the ASC in a provider listing for purposes of informing Members and prospective Members of the identity of the ASC, and otherwise performing the terms of this Contract.
- 9.3 The ASC, upon prior approval of OSEEGIB, shall have the right to publicize its status as a Network Provider.

X. DISPUTE RESOLUTION

- 10.1 OSEEGIB and the ASC agree that their authorized representatives will meet in a timely manner, and negotiate in good faith, to resolve any problems or disputes that may arise in performance of the terms and provisions of this Contract. Nothing in this Section shall interfere with either party's rights under Section XI.

XI. TERM AND TERMINATION

- 11.1 It is agreed by the parties that no changes to the Contract except changes to Exhibits A and B, which shall be revised as necessary, shall be made unless by a written amendment signed by both parties and in accordance with all applicable Federal and State Statutes.
- 11.2 Either party may terminate this Contract with or without cause, upon giving 30-day notice pursuant to 12.2 at any time during the term of this Contract.
- 11.3 Nothing in this Contract shall be construed to limit either party's remedies at law or in equity in the event of a material breach of this Contract.
- 11.4 Following termination of this Contract, OSEEGIB shall continue to have on-site access, at no cost to OSEEGIB, to the ASC's records of care and services provided to Members for five years from the date of provision of the services to which the records refer as set forth in paragraph 6.19.

- 11.5 This Contract shall terminate with respect to an ASC:
- a) upon the loss or suspension of the ASC's license to operate in the state of residence, AAAHC/JCAHO/Medicare certification; or
 - b) if the ASC does not maintain professional and general liability coverage in accordance with this Contract.

XII. GENERAL PROVISIONS

- 12.1 This Contract or any of the rights, duties, or obligations of the parties hereunder, shall not be assigned by either party without the express written consent and approval of the other party.
- 12.2 At any place within this Contract that notice is required, it is the intention of the parties that only those with regard to termination by either party of participation in the Contract must be sent by U.S. Postal Service certified mail, a return receipt requested. At no other time when notice is required by this Contract is there an obligation by either party to use certified mail, provided however, in the event of a dispute as to whether a notice has been received, receipt shall be deemed to have occurred only if evidenced by certified mail, return receipt, or other affirmative evidence of return receipt.
- 12.3 Notwithstanding the provisions in Section 12.1, OSEEGIB may designate an Administrator to administer any of the terms of this Contract.
- 12.4 This Contract, together with exhibits, contains the entire agreement between OSEEGIB and the ASC relating to the rights granted and the obligations assumed by the parties concerning the provision of Medical Services to Members. Any prior agreements, promises, negotiations, or representations, either oral or written, relating to the subject matter of this Contract, not expressly set forth in this Contract, are of no force or effect.
- 12.5 This Contract, or any part or section of it, may be amended at any time during the term of the Contract by mutual written consent of duly authorized representatives of OSEEGIB and the ASC.
- 12.6 This Contract is subject to all applicable Oklahoma State Statutes and Rules. Any provision of this Contract, which is not in conformity with existing or future legislation, shall be considered amended to comply with such legislation. Any interpretations or disputes with respect to contract provisions shall be resolved in accordance with the laws of the State of Oklahoma.
- 12.7 The terms and provisions of this Contract shall be deemed to be severable one from the other, and determination at law or in a court of equity that one term or provision is unenforceable shall not operate so as to void the enforcement of the remaining terms and provisions of this entire Contract, or any one provision, in accordance with the intent and purpose of the parties hereto.

HealthChoice Network Provider Ambulatory Surgery Center Contract

OSEEGIB CPT/HCPCS Mapped to ASC Payment Group

Code	Description	Group
0062T	REP INTRADISC ANNULUS;1 LEV	21
10060	DRAINAGE OF SKIN ABSCESS	25
10061	DRAINAGE OF SKIN ABSCESS	25
10080	DRAINAGE OF PILONIDAL CYST	25
10120	REMOVE FOREIGN BODY	25
10140	DRAINAGE OF HEMATOMA/FLUID	25
11041	DEBRIDE SKIN, FULL	25
11100	BIOPSY, SKIN LESION	25
11101	BIOPSY, SKIN ADD-ON	25
11200	REMOVAL OF SKIN TAGS	25
11201	REMOVE SKIN TAGS ADD-ON	25
11300	SHAVE SKIN LESION	25
11305	SHAVE SKIN LESION	25
11311	SHAVE SKIN LESION	25
11400	EXC TR-EXT B9+MARG 0.5 < CM	25
11401	EXC TR-EXT B9+MARG 0.6-1 CM	25
11402	EXC TR-EXT B9+MARG 1.1-2 CM	25
11403	EXC TR-EXT B9+MARG 2.1-3 CM	25
11420	EXC H-F-NK-SP B9+MARG 0.5 <	25
11421	EXC H-F-NK-SP B9+MARG 0.6-1	25
11422	EXC H-F-NK-SP B9+MARG 1.1-2	25
11423	EXC H-F-NK-SP B9+MARG 2.1-3	25
11440	EXC FACE-MM B9+MARG 0.5 < CM	25
11441	EXC FACE-MM B9+MARG 0.6-1 CM	25
11442	EXC FACE-MM B9+MARG 1.1-2 CM	25
11443	EXC FACE-MM B9+MARG 2.1-3 CM	25
11603	EXC TR-EXT MLG+MARG 2.1-3 CM	25
11623	EXC H-F-NK-SP MLG+MARG 2.1-3	25
11640	EXC FACE-MM MALIG+MARG 0.5 <	25
11641	EXC FACE-MM MALIG+MARG 0.6-1	25
11642	EXC FACE-MM MALIG+MARG 1.1-2	25
11643	EXC FACE-MM MALIG+MARG 2.1-3	25
11730	REMOVAL OF NAIL PLATE	25
11750	REMOVAL OF NAIL BED	25
11752	REMOVE NAIL BED/FINGER TIP	25
11765	EXCISION OF NAIL FOLD, TOE	25
11921	CORRECT SKIN COLOR DEFECTS	25
12002	REPAIR SUPERFICIAL WOUND(S)	25
12013	REPAIR SUPERFICIAL WOUND(S)	25
12031	LAYER CLOSURE OF WOUND(S)	25
12032	LAYER CLOSURE OF WOUND(S)	25
12051	LAYER CLOSURE OF WOUND(S)	25
12052	LAYER CLOSURE OF WOUND(S)	25
12053	LAYER CLOSURE OF WOUND(S)	25
13102	REPAIR WOUND/LESION ADD-ON	25
13133	REPAIR WOUND/LESION ADD-ON	25

15780	ABRASION TREATMENT OF SKIN	25
15781	ABRASION TREATMENT OF SKIN	25
17000	DESTROY BENIGN/PREMLG LESION	25
17004	DESTROY LESIONS, 15 OR MORE	25
17107	DESTRUCTION OF SKIN LESIONS	25
17108	DESTRUCTION OF SKIN LESIONS	25
17110	DESTRUCT LESION, 1-14	25
17304	1 STAGE MOHS, UP TO 5 SPEC	25
17999	SKIN TISSUE PROCEDURE	25
19000	DRAINAGE OF BREAST LESION	25
19001	DRAIN BREAST LESION ADD-ON	25
19240	REMOVAL OF BREAST	22
19295	PLACE BREAST CLIP, PERCUT	25
19361	BREAST RECONSTRUCTION	21
20103	EXPLORE WOUND, EXTREMITY	25
20520	REMOVAL OF FOREIGN BODY	25
20526	THER INJECTION, CARP TUNNEL	25
20550	INJ TENDON SHEATH/LIGAMENT	25
20551	INJ TENDON ORIGIN/INSERTION	25
20552	INJ TRIGGER POINT, 1/2 MUSCL	25
20600	DRAIN/INJECT, JOINT/BURSA	25
20605	DRAIN/INJECT, JOINT/BURSA	25
20610	DRAIN/INJECT, JOINT/BURSA	25
20612	ASPIRATE/INJ GANGLION CYST	25
20931	SPINAL BONE ALLOGRAFT	25
20938	SPINAL BONE AUTOGRAFT	25
21030	EXCISE MAX/ZYGOMA B9 TUMOR	25
21110	INTERDENTAL FIXATION	25
21141	RECONSTRUCT MIDFACE, LEFORT	25
21142	RECONSTRUCT MIDFACE, LEFORT	21
21145	RECONSTRUCT MIDFACE, LEFORT	25
21146	RECONSTRUCT MIDFACE, LEFORT	21
21193	RECONST LWR JAW W/O GRAFT	21
21196	RECONST LWR JAW W/FIXATION	21
21356	TREAT CHEEK BONE FRACTURE	25
21390	TREAT EYE SOCKET FRACTURE	22
21407	TREAT EYE SOCKET FRACTURE	21
21550	BIOPSY OF NECK/CHEST	25
21740	RECONSTRUCTION OF STERNUM	25
22521	PERCUT VERTEBROPLASTY LUMB	22
22554	NECK SPINE FUSION	21
22558	LUMBAR SPINE FUSION	21
22585	ADDITIONAL SPINAL FUSION	21
22845	INSERT SPINE FIXATION DEVICE	25
22851	APPLY SPINE PROSTH DEVICE	21
24149	RADICAL RESECTION OF ELBOW	22
24300	MANIPULATE ELBOW W/ANESTH	25
24343	REPR ELBOW LAT LIGMNT W/TISS	21
25001	INCISE FLEXOR CARPI RADIALIS	25
25259	MANIPULATE WRIST W/ANESTHES	25
26755	TREAT FINGER FRACTURE, EACH	25

27096	INJECT SACROILIAC JOINT	25
27176	TREAT SLIPPED EPIPHYSIS	21
27446	REVISION OF KNEE JOINT	23
27475	SURGERY TO STOP LEG GROWTH	21
27485	SURGERY TO STOP LEG GROWTH	25
27524	TREAT KNEECAP FRACTURE	22
27535	TREAT KNEE FRACTURE	21
28010	INCISION OF TOE TENDON	21
28124	PARTIAL REMOVAL OF TOE	25
28190	REMOVAL OF FOOT FOREIGN BODY	25
28232	INCISION OF TOE TENDON	25
28890	HIGH ENERGY ESWT, PLANTAR F	23
29125	APPLY FOREARM SPLINT	25
29515	APPLICATION LOWER LEG SPLINT	25
29866	AUTGRFT IMPLNT, KNEE W/SCOPE	23
30110	REMOVAL OF NOSE POLYP(S)	25
30901	CONTROL OF NOSEBLEED	25
31000	IRRIGATION, MAXILLARY SINUS	25
31231	NASAL ENDOSCOPY, DX	25
36471	INJECTION THERAPY OF VEINS	25
37204	TRANSCATHETER OCCLUSION	22
37765	PHLEB VEINS - EXTREM - TO 20	21
40812	EXCISE/REPAIR MOUTH LESION	25
40820	TREATMENT OF MOUTH LESION	25
41110	EXCISION OF TONGUE LESION	25
41115	EXCISION OF TONGUE FOLD	25
41899	DENTAL SURGERY PROCEDURE	25
42104	EXCISION LESION, MOUTH ROOF	25
42330	REMOVAL OF SALIVARY STONE	25
42650	DILATION OF SALIVARY DUCT	25
43280	LAPAROSCOPY, FUNDOPLASTY	23
44970	LAPAROSCOPY, APPENDECTOMY	23
45300	PROCTOSIGMOIDOSCOPY DX	25
45330	DIAGNOSTIC SIGMOIDOSCOPY	25
46221	LIGATION OF HEMORRHOID(S)	25
46320	REMOVAL OF HEMORRHOID CLOT	25
46500	INJECTION INTO HEMORRHOID(S)	25
46606	ANOSCOPY AND BIOPSY	25
46910	DESTRUCTION, ANAL LESION(S)	25
46934	DESTRUCTION OF HEMORRHOIDS	25
46935	DESTRUCTION OF HEMORRHOIDS	25
46945	LIGATION OF HEMORRHOIDS	25
46999	ANUS SURGERY PROCEDURE	25
47562	LAPAROSCOPIC CHOLECYSTECTOMY	23
47563	LAPARO CHOLECYSTECTOMY/GRAPH	23
47564	LAPARO CHOLECYSTECTOMY/EXPLR	23
49000	EXPLORATION OF ABDOMEN	25
49329	LAPARO PROC, ABDM/PER/OMENT	22
49659	LAPARO PROC, HERNIA REPAIR	22
49999	ABDOMEN SURGERY PROCEDURE	21
50590	LITHOTRP XTRCORP SHOCK WAVE	24

51700	IRRIGATION OF BLADDER	25
51705	CHANGE OF BLADDER TUBE	25
51741	ELECTRO-UROFLOWMETRY, FIRST	25
53500	URETHRLYS, TRANSVAG W/ SCOPE	25
53600	DILATE URETHRA STRICTURE	25
54200	TREATMENT OF PENIS LESION	25
56405	I & D OF VULVA/PERINEUM	25
56501	DESTROY, VULVA LESIONS, SIM	25
56605	BIOPSY OF VULVA/PERINEUM	25
57061	DESTROY VAG LESIONS, SIMPLE	25
57100	BIOPSY OF VAGINA	25
57287	REVISE/REMOVE SLING REPAIR	21
57320	REPAIR BLADDER-VAGINA LESION	21
57460	BX OF CERVIX W/SCOPE, LEEP	25
57500	BIOPSY OF CERVIX	25
57505	ENDOCERVICAL CURETTAGE	25
58260	VAGINAL HYSTERECTOMY	23
58262	VAG HYST INCLUDING T/O	23
58301	REMOVE INTRAUTERINE DEVICE	25
58345	REOPEN FALLOPIAN TUBE	25
58552	LAPARO-VAG HYST INCL T/O	23
58553	LAPARO-VAG HYST, COMPLEX	23
58554	LAPARO-VAG HYST W/T/O, COMPL	23
58578	LAPARO PROC, UTERUS	22
58700	REMOVAL OF FALLOPIAN TUBE	21
58720	REMOVAL OF OVARY/TUBE(S)	25
58740	REVISE FALLOPIAN TUBE(S)	25
59150	TREAT ECTOPIC PREGNANCY	23
60210	PARTIAL THYROID EXCISION	22
60220	PARTIAL REMOVAL OF THYROID	22
62290	INJECT FOR SPINE DISK X-RAY	25
62291	INJECT FOR SPINE DISK X-RAY	25
63030	LOW BACK DISK SURGERY	23
63075	NECK SPINE DISK SURGERY	22
63076	NECK SPINE DISK SURGERY	25
63081	REMOVAL OF VERTEBRAL BODY	25
63655	IMPLANT NEUROELECTRODES	21
64425	N BLOCK INJ, ILIO-ING/HYPOGI	25
64447	N BLOCK INJ FEM, SINGLE	25
64448	N BLOCK INJ FEM, CONT INF	25
64450	N BLOCK, OTHER PERIPHERAL	25
64614	DESTROY NERVE, EXTREM MUSC	25
64640	INJECTION TREATMENT OF NERVE	25
65222	REMOVE FOREIGN BODY FROM EYE	25
66761	REVISION OF IRIS	25
66820	INCISION, SECONDARY CATARACT	25
66999	EYE SURGERY PROCEDURE	25
67110	REPAIR DETACHED RETINA	25
67220	TREATMENT OF CHOROID LESION	25
67505	INJECT/TREAT EYE SOCKET	25
67800	REMOVE EYELID LESION	25

67810	BIOPSY OF EYELID	25
67825	REVISE EYELASHES	25
67840	REMOVE EYELID LESION	25
67875	CLOSURE OF EYELID BY SUTURE	25
67999	REVISION OF EYELID	25
68110	REMOVE EYELID LINING LESION	25
68801	DILATE TEAR DUCT OPENING	25
69210	REMOVE IMPACTED EAR WAX	25
69424	REMOVE VENTILATING TUBE	25
69433	CREATE EARDRUM OPENING	25
69610	REPAIR OF EARDRUM	25
95972	ANALYZE NEUROSTIM, COMPLEX	25
G0104	COLOREC CANCER SCREENING; FLEXSIG	25

HealthChoice Network Provider Ambulatory Surgery Center Contract

List of Implants for Which OSEEGIB Allows Separate Reimbursement

CODE	DESCRIPTION
A4300	IMPL ACSS CATHETER EXTERNAL ACCESS
A4301	IMPL ACSS TOTAL CATH PORT/RESERVOIR
E0749	OSTOGNS STIM ELEC SURGICALLY IMPL
E0755	ELEC SALIVARY REFLEX STIMULATOR
.8600	IMPL BREAST PROSTH SILICONE/EQUAL
.8603	INJ COLL IMPL URIN TRACT 2.5 ML SYR
.8606	INJ SYNTH IMPL URIN TRACT 1 ML SYR
.8610	OCULAR IMPLANT
.8612	AQUEOUS SHUNT
.8613	OSSICULA IMPLANT
.8630	METACARPOPHALANGEAL JOINT IMPLANT
.8641	METATARSAL JOINT IMPLANT
.8642	HALLUX IMPLANT
.8670	VASC GRAFT MATERIAL SYNTH IMPLANT
.8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EA
.8681	EXT PT PROGRAMMER FOR USE WITH IMPLNTBLE PRGRMMBLE PULSE GEN
.8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER
.8683	RADIO FREQ XMITTER FOR USE W/IMPLNTBLE NEUROSTIM RADIOFREQ REC.
.8685	IMPL NEUROSTIM 1 ARRAY RECHARGEABLE
.8686	IMPL NEUROSTIM 1 ARRAY NON-RECHARGE
.8687	IMPL NEUROSTIM 2 ARRAY RECHARGEABLE
.8688	IMPL NEUROSTIM 2 ARRAY NON-RECHARGE
.8699	PROSTHETIC IMPLANT NOS
S2095	TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC YTTRIUM
S2213	IMPLANTATION GASTRIC E-STIM DEVICE
S2230	IMPL MAGNT CMPNT SEMI-IMPL HEAR DVC
S2235	IMPL AUDITRY BRAIN STEM IMPLANT
/2785	PRC PRES&TRANSPORTING CORNL TISS



NETWORK PROVIDER AMBULATORY SURGERY CENTER APPLICATION

NOTE: The completed Network Provider Facility Application should be returned to the Oklahoma State and Education Employees Group Insurance Board in its entirety, along with any applicable attachments (see page 6). Please retain the Network Provider Ambulatory Surgery Center Contract for your records.

Please type or print your responses and complete all applicable sections of this Application. If an area of inquiry is not applicable to the Facility, please indicate so. If you need additional space to provide COMPLETE answers, **attach additional sheets of paper and clearly indicate the item to which each sheet applies.**

GENERAL INFORMATION

Facility d/b/a Name: _____

Ownership: _____

are Classification: _____

ACCREDITATION

Hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)?

YES NO

JCAHO Program ID Number: _____

of most current accreditation: _____

tion Date: _____

IMPORTANT FACILITY CONTACTS

Administrator: _____

number: (____) _____ Fax number: (____) _____

Address: _____

Contracting/Managed Care: _____

number: (_____) _____ Fax number: (_____) _____

Address: _____

PRIMARY LOCATION

Federal Tax ID Number: _____

icare Number: _____

PHYSICAL ADDRESS – PHYSICAL location of Facility

Facility name: _____

Physical Address: _____

(City) (State) (Zip)

Phone: (_____) _____ Fax: (_____) _____

Contact Person: _____

Address: _____

MAILING ADDRESS – for Correspondence/Credentialing

Mailing Office or facility name: _____

Mailing Address: _____

(City) (State) (Zip)

Phone: (_____) _____ Fax: (_____) _____

Contact Person: _____

Address: _____

BILLING/REMIT ADDRESS – for claim payments and EOBs

ALL BILLING INFORMATION BELOW MUST MATCH SUBMITTED CLAIMS

Facility name submitted on claims: _____

Office or facility name: _____

Address: _____

(City) (State) (Zip)

: (_____) Fax: (_____) _____

Contact Person: _____

Address: _____

ADDITIONAL LOCATION(S)

Tax ID Number: _____

Share Number: _____

PHYSICAL ADDRESS – PHYSICAL location of Facility

Company name: _____

Physical Address: _____

(City) (State) (Zip)

: (_____) Fax: (_____) _____

Contact Person: _____

Address: _____

MAILING ADDRESS – for Correspondence/Credentialing

Mailing Office or facility name: _____

Mailing Address: _____

(City) (State) (Zip)

: (_____) Fax: (_____) _____

Contact Person: _____

Address: _____

BIG/REMIT ADDRESS – for claim payments and EOBs

ALL BILLING INFORMATION BELOW MUST MATCH SUBMITTED CLAIMS

Company name submitted on claims: _____

Office or facility name: _____

Address: _____

(City) (State) (Zip)

Phone: (____) _____ Fax: (____) _____

Contact Person: _____

Address: _____

Use a separate sheet to report any additional locations and provide the information as requested above.

PROVIDER PAYMENT OPTIONS

Please read the following information to assist you in determining the best payment option for your book of business. This information will be forwarded to Fiserv Health Harrington, the claims processing administrator for HealthChoice.

Consolidated Checking

Payments will be combined into one check per date of service. In lieu of multiple explanations of benefit documents, one register will accompany the check. Each patient will be listed on the register with the individual payment amounts. A total for all payments made for the specified date of service will be included on the register.

Electronic Funds Transfer

Payments will be combined into one amount per date of service which will be automatically transmitted to the bank account specified by the provider. A register will be mailed to the provider with a listing of each patient, service information and the total payment for each member. Included will be a total of all payments made on the particular date of service.

Explanation of Benefits Checks/Explanation of Benefits

Explanation of benefits documents will be disseminated to the provider for each patient and date of service. A check will accompany the explanation of benefits issued to the Network Provider for each patient. A maximum of five line items can appear on one explanation of benefits document. Checks cannot be issued for an amount greater than \$999,999.99.

SEE FOLLOWING PAGE FOR PROVIDER PAYMENT OPTION ELECTION FORM

A SEPARATE FORM IS REQUIRED FOR EACH BILLING ADDRESS

HealthChoice

PROVIDER PAYMENT OPTIONS

Election Form

select one preferred payment option by marking the appropriate box. Sign where requested, include the signature date and complete the request for the provider's name, address and tax identification number: **A SEPARATE FORM IS REQUIRED FOR EACH BILLING ADDRESS.**

- Combined Checking**
- Electronic Funds Transfer** (copy of cancelled check is required for this option)

For EFT ONLY: **Checking** **Savings**

Financial Institution: _____

Account Number: _____

- Multiple Checks/Explanation of Benefits** (*current method*)

er Name (please print): _____ SSN: _____
 and/or Facility/Office Name _____
 er Tax ID Number: _____
 al Address: Billing Address:

ct: _____ Contact: _____
 : _____ Phone: _____
 _____ Fax: _____

IDER SIGNATURE: _____ DATE: _____

***If this form is not received, the Multiple Check/Explanation of Benefits payment option will be utilized.**

ATTACHMENTS

PLEASE ATTACH A COPY OF EACH OF THE FOLLOWING DOCUMENTS TO THE COMPLETED APPLICATION:

- Network Provider Facility Contract Signature Page**
- Facility's Current state(s) license(s)**
- JCAHO accreditation certificate copy (if applicable)**
- Certificate of current professional liability insurance policy**
- W-9 form for each Federal Tax ID number that will be used when submitting claims**

- Provider Payment Option Election Form (copy of voided or cancelled check must be attached if electing EFT)**

Retain the Contract for your records

Please return the completed Application, Signature Page, and Required Attachments to:

**Oklahoma State and Education Employees Group Insurance Board
ATTN: Provider Relations/Network Management
3545 N.W. 58th Street, Suite 600
Oklahoma City, OK 73112
Phone: 405-717-8701 or 1-800-543-6044
Fax: 405-717-8977**

HealthChoice Network Provider Ambulatory Surgery Center Contract

Signature Page

The Oklahoma State and Education Employees Group Insurance Board (OSEEGIB) and the Provider, incorporate by reference the terms and conditions of the Network Provider Ambulatory Surgery Center Contract (Contract) into this Signature Page. OSEEGIB and the Ambulatory Surgery Center further agree that the effective date of the Contract is the effective date denoted on the copy of the executed Signature Page returned to the Ambulatory Surgery Center. The original of the signed document will remain on file in the office of the OSEEGIB.

FOR THE AMBULATORY SURGERY CENTER:

FOR OSEEGIB:

Signature Date: _____

Ambulatory Surgery Center Name
(typed or printed):

Paul King
Deputy Administrator, Operations
Oklahoma State and Education Employees
Group Insurance Board

Signature:

Title: _____

Federal Tax ID Number: _____

Primary Service Address:

Please return the completed Application, Signature Page, and Required Attachments to:

**Oklahoma State and Education Employees Group Insurance Board
ATTN: Provider Relations/Network Management
3545 N.W. 58th Street, Suite 600
Oklahoma City, OK 73112
Phone: 405-717-8701 or 1-800-543-6044
Fax: 405-717-8977**