



**BlueCross BlueShield  
of Oklahoma**

## **Frequently Asked Questions**

Fairfax Community Hospital, Haskell County Community Hospital and Prague Community Hospital

**Q: As of July 1, 2017, Fairfax Community Hospital (Fairfax), Haskell County Community Hospital (Haskell) and Prague Community Hospital (Prague) are no longer participating in the Blue Cross and Blue Shield of Oklahoma's (BCBSOK) Blue Traditional<sup>SM</sup>, Blue Advantage PPO<sup>SM</sup>, Blue Choice PPO<sup>SM</sup>, Blue Preferred PPO<sup>SM</sup>, BlueLincs HMO<sup>SM</sup> or Blue Plan65<sup>SM</sup> (Haskell only) networks. What does this mean?**

**A:** This means PPO members will face higher out-of-pocket costs if they are treated at these facilities for nonemergency services after Oct. 29, 2017—the end of our transition period. The hospitals can also bill BCBSOK members for anything over the approved payment amount. HMO members must seek treatment at a participating hospital to receive benefits for non-emergency services. Beginning Oct. 29, 2017, if a PPO or HMO member receives emergency treatment at Fairfax, Haskell and/or Prague, BCBSOK will pay the approved in-network benefit amount, but the member may be responsible for charges exceeding the approved payment amount. Additionally, after this date, benefit payments for services rendered at Fairfax, Haskell and/or Prague will be made directly to the member. It will be the member's responsibility to pay the hospital for accrued medical expenses.

**Q: What is a transition period?**

**A:** The transition period protects you, our BCBSOK members, by giving you in-network benefits for 120 days after Fairfax, Haskell and Prague's contracts have expired, allowing time to coordinate your transition of care. During the transition period, Fairfax, Haskell and Prague must continue treating all BCBSOK members in Blue Traditional<sup>SM</sup>, Blue Advantage PPO<sup>SM</sup>, Blue Choice PPO<sup>SM</sup>, Blue Preferred PPO<sup>SM</sup>, BlueLincs HMO<sup>SM</sup> or Blue Plan65<sup>SM</sup> (Haskell only) networks, and BCBSOK will pay for services at the in-network benefit level. The transition period ends at 11:59 p.m. on Oct. 28, 2017.

**Q: When will I start paying at out-of-network benefit levels?**

**A:** Starting Oct. 29, 2017, services rendered at Fairfax, Haskell and/or Prague for PPO members will be paid at the out-of-network benefit level. The hospitals may choose to bill members for charges exceeding the approved payment amount, which may be substantial. HMO members will have coverage at Fairfax, Haskell and/or Prague for emergency services only. Emergency services rendered at these hospitals will be paid at the in-network benefit level, but members may be responsible for charges exceeding the approved payment amount.

**Q: How do I know which BCBSOK plan I have and whether I am affected?**

**A:** Check your member ID card or log in to [Blue Access for Members<sup>SM</sup>](#) to determine your current network. You may also call the number on your member ID card. One of our Customer Advocates will help you identify your network and determine whether this announcement applies to you.

**Q: [How does this impact my doctor?](#)**

**A:** Fairfax, Haskell and Prague are no longer participating in our networks, but that may not impact the contract between BCBSOK and your doctor. You will be able to continue treatment with independently-contracted doctors that remain in our networks. To remain in our networks, your doctor may need to obtain privileges at an in-network hospital.

Our priority is to ensure that you have access to in-network, quality, experienced and credentialed health care facilities and providers. We will work with your provider to assist him or her with staying in network.

**Q: [What do I do if I have a procedure scheduled on or after the termination date?](#)**

**A:** If you find yourself in this situation, please contact our Customer Advocates at the phone number on your member ID card.

**Q: [How do I know if I am eligible for continuity of care?](#)**

**A:** Some plans have continuity of care benefits. This allows members who are in an active course of treatment for some health conditions to continue to see a provider that leaves the network. Their claims will be paid at the in-network benefit level.

If you think you may have continuity of care benefits, please call the customer service phone number on your member ID card. One of our Customer Advocates can address your questions and help you with filing a continuity of care request form, if this service applies to your specific benefit plan.

**Q: [How do I find a new hospital?](#)**

**A:** We understand changing to another hospital can be difficult. We are here to help in this process. You can visit our [Provider Finder<sup>®</sup>](#) to locate a new hospital in your area. You can register for or log in to [Blue Access for Members<sup>SM</sup>](#) for personalized search results based on your health plan and network. You can also call the customer service number on your member ID card for assistance.