



**BlueCross BlueShield
of Oklahoma**

Shadow Mountain Behavioral Health

Frequently Asked Questions

Q: On July 10, 2017, Blue Cross and Blue Shield of Oklahoma (BCBSOK) terminated Shadow Mountain Behavioral Health System's (Shadow Mountain) participation in our Blue Traditional, Blue Choice PPOSM, Blue Preferred PPOSM and Blue Medicare Advantage PPOSM networks. What does this mean?

A: This means PPO members will face higher out-of-pocket costs if they are treated at this facility for nonemergency services after July 11, 2017. The hospital can also bill you for anything over the approved payment amount. After this date, benefit payments for services rendered at Shadow Mountain will be made directly to the member. It will be the member's responsibility to pay the hospital for accrued medical expenses.

Q: How do I know which BCBSOK plan I have and whether or not I am affected?

A: Check your member ID card or log in to [Blue Access for MembersSM](#) 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: When will I start paying at out-of-network benefit levels?

A: Starting July 11, 2017, services rendered at Shadow Mountain for PPO members will be paid at the out-of-network benefit level. The hospital may choose to bill you for charges exceeding the approved payment amount, which may be substantial.

Q: How does this impact my doctor?

A: Shadow Mountain is no longer participating in our networks, but that may not impact the contract between us 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 maintain 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®](#) to locate a new hospital in your area. You can register for or log in to [Blue Access for MembersSM](#) 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.