



Provider Name

Case ID Number:

PROGRAM REQUESTED	
Program Type	Pediatric Congenital Heart Disease Services

CONTRACT RATE SUMMARY
<p>This agreement shall remain valid as long as there are no changes in the patient's insurance benefit program or program eligibility before Heart Disease Services occur. In consideration of facility's agreement to perform the covered Heart Disease Services, the payor agrees to the terms as in this contract summary, including payment to providers for patient services. Payor is responsible for the damages, claims, liabilities, or judgment that may arise as a result of payor's negligence.</p>

Contracted Program Type	Surgical Event	Inpatient, Med/Surg	Inpatient, NICU/PICU	ECMO
Professional	xx% of Billed Charges	xx% of Billed Charges	xx% of Billed Charges	xx% of Billed Charges
Hospital	xx% of Billed Charges	xx% of Billed Charges	xx% of Billed Charges	xx% of Billed Charges

Contracted Provisions	Provision Description
Coverage Activation	Date of INTERLINK'S written notification to facility of intent to access this congenital heart disease addendum if patient is not inpatient at time of notification; or, date of admit for surgery related to congenital heart disease, whichever is earlier. Cannot back date more than X calendar days.
Coverage Termination	Coverage for congenital heart disease services remains active until Patient is deemed by Facility to no longer need congenital heart disease services; OR until date Patient receives VAD as a bridge to transplant; OR until date of transplant if a VAD is not implanted.
Inpatient Heart Disease Services	Inpatient professional Heart Disease Services for surgical admissions, include the following without limitation:

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	<ul style="list-style-type: none"> • All hospital and professional services and supplies • Diagnostic catheterization • Ancillary related services (including any medical equipment, pharmaceuticals, blood products, laboratory services, diagnostic and radiology services and nursing care).
Outpatient Heart Disease Services	Facility shall be reimbursed xx% of Billed Charges. Physicians shall be reimbursed xx% of Billed Charges.
Stop Loss	Not applicable
Implantable Devices	Not applicable.
Pharmaceuticals	Inpatient Pharmaceuticals reimbursed at x% of Billed Charges.
Transportation	If patient is transferred from another facility via air or ground, services rendered by facility in connection with transportation shall be reimbursed at x% of Billed Charges.
Additional Provisions	<ul style="list-style-type: none"> • <u>Transition to Heart Transplantation:</u> <ol style="list-style-type: none"> a. Provider shall notify INTERLINK of transition from Heart Disease Services to a heart transplant within X business days of decision to list with United Network for Organ Sharing (UNOS). b. INTERLINK shall submit new Memorandum of Understanding and Contract Rate Summary to Payor for signature. Upon receipt of signed agreements INTERLINK shall forward copies to facility and physicians group. The effective date of the new MOU will be the date of listing with UNOS. c. INTERLINK's established contract with provider for Heart Disease Services will remain valid through the pre-transplant phase of treatment if patient remains inpatient after surgery for congenital heart disease. d. If patient remains inpatient after surgery for congenital heart disease, then on the day of transplant or day patient receives VAD as a bridge to transplant, the patient will transition to the established Heart Transplant contract. e. If patient discharges from surgical admission for congenital heart disease and is being evaluated for transplant or already listed for transplant, the patient will transition to coverage under the established Heart Transplant contract which will be effective the day after discharge. f. Upon completion of post-transplant care provision in Heart Transplant contract, coverage shall revert back to established Heart Disease Services contract.
Non-Heart Disease Services	Non-Heart Disease Services payable in accordance with payor's direct contract with provider or, if no contract, xx% of billed hospital charges and xx% of billed physician charges.
Death During Admission	Reimbursed at the discount case provisions listed above

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Payment Schedule	Payor will pay provider all payments due within 30 days of provider filing claims to INTERLINK Health Services.
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Provider Tax ID Number(s)	Provider(s)
<ul style="list-style-type: none"> • 00-0000000 	<ul style="list-style-type: none"> • Provider Name

Send Claims to:	Address
Claims Submission Address	INTERLINK Health Services, Inc. Attn: Transplant Claims 4660 NE Belknap Court, Suite 209 Hillsboro, Oregon 97124 Phone: (800) 599-9119 Fax: (503) 640-2028

Note from INTERLINK: This document is a summary of relevant provisions for the specific transplant type and facility identified above, as contained in the INTERLINK Agreement. **Payor agrees to abide by all applicable terms in the Global Contract, including those summarized in this document.** Relevant payment and contract terms are provided above, although exact language is not always used. For clarification and/or exact contract language, contact INTERLINK Operations at (800) 599-9119. Rates are effective only upon MOU execution or with a signed Access Agreement and HIPAA Agreement on file with INTERLINK.