

Provider Name



Case ID Number: \_\_\_\_\_

**PROGRAM REQUESTED**

<b>Program Type</b>	<b>Heart Transplant and/or VAD Therapy</b>
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**CONTRACT RATE SUMMARY**

This agreement shall remain valid as long as there are no changes in the patient's insurance benefit program or program eligibility before the transplant occurs. In consideration of provider's agreement to perform the covered transplant services, the payor agrees to the terms as described in this contract summary, including payment to providers for patient services. Payor is responsible for damages, claims, liabilities, or judgment that may arise as a result of payor's negligence.

Transplant Phase	Contracted Program Type	Transplant Case Rate	Case Rate Inlier Days	Outlier Per Diem Rate
	Cadaveric Donor	\$xxx	x	\$xxx Med/Surg \$xxx ICU/CCU
	Stop Loss Threshold	Outlier Threshold Payment	Lesser of Language	Pre/ Post Discount
	2 times the case rate plus any applicable per diems	x% of Billed Charges in excess of the threshold	Lesser of xx%	Hospital and Professional xx% of billed charges

VAD Therapy	Surgical Event	VAD Device	VAD Maintenance	Inpatient/ Outpatient
	xx% of Billed Charges	Invoice Cost	xx% of Medicare Reimbursement	xx% of Billed Charges

Contracted Provisions	Provision Description
Transplant Phase Services	The transplant phase includes hospital and professional charges for the case rate and, if applicable, outlier days. The transplant phase begins one day prior to transplant and ends when the inlier days have expired. If inlier days have expired and patient has not discharged outlier days are applicable until discharge.

# Confidential Information

	<p>Transplant Case Rate Services include:</p> <ul style="list-style-type: none"> <li>• All hospital and professional services and supplies.</li> <li>• Ancillary related services, including any medical equipment, pharmaceuticals, blood products, laboratory services, diagnostic and radiology services and nursing care.</li> </ul>
Organ Acquisition	Charges reimbursed at invoice cost.
Pre-Transplant/ Post-Transplant Services	Services and supplies for care outside of the transplant phase, starting at evaluation and ending one year from discharge, shall be reimbursed at the pre and post phase listed in table above.
VAD Therapy Services	<p>VAD therapy services, regardless of whether patient is a heart transplant candidate, include all hospital and professional services and supplies. Coverage begins on the first day of evaluation for VAD therapy and remains active until:</p> <ol style="list-style-type: none"> <li>a. Death of Patient;</li> <li>b. Patient's insurance coverage terminates, or;</li> <li>c. Pursuant to INTERLINK's transplant provisions should patient receive a transplant.</li> </ol> <p>Surgical Event occurs on the day of the VAD insertion. VAD Device is excluded from the Surgical Event and shall be reimbursed pursuant to the applicable table listed above.</p> <p>VAD maintenance includes outpatient VAD supplies and accessories.</p>
Implantable Devices	Implantable devices shall be reimbursed at invoice cost. Implantable device related hospital and professional services (inpatient or outpatient) incurred in the pre or post transplant phase shall be reimbursed at xx% of billed charges.
Retransplantation	<p>For retransplantation within the inlier period, charges shall be included in the original case rate.</p> <p>Retransplantations that do not meet the aforementioned criteria will be considered a new transplant case and a new transplant referral will be required.</p>
Death During Case Rate Period	Reimbursed at the case rate provisions listed above.
Additional Provisions	<ul style="list-style-type: none"> <li>• Non-transplant related care payable in accordance with payor's direct contract with provider or, if no contract, xx% of billed charges.</li> <li>• Discharge medications payable in accordance with payor's direct contract with provider or, if no contract, xx% of billed charges.</li> </ul>

# Confidential Information

Payment Schedule	Payor will pay provider all payments due within 30 days of Payor's receipt of a re-priced claim from INTERLINK Health Services.
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Provider Tax ID Number(s)	Provider(s)
<ul style="list-style-type: none"><li>00-0000000</li></ul>	<ul style="list-style-type: none"><li>Provider Name</li></ul>

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.