

HEALTH INSURANCE BENEFITS AGREEMENT

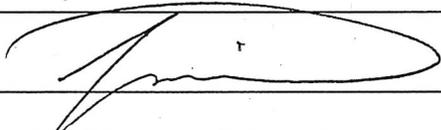
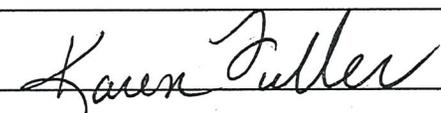
AGREEMENT WITH ORGAN PROCUREMENT ORGANIZATION PURSUANT TO §1138(b) OF THE SOCIAL SECURITY ACT (the Act)

For the purpose of establishing eligibility under titles XVIII and XIX of the Act Nevada Donor Network (2055 East Sahara Avenue, Las Vegas, NV, 29-P001)
hereinafter referred to as the Organ Procurement Organization, hereby agrees; *(Insert Name of Facility)*

- (A) To maintain compliance with the requirements of titles XVIII and XIX of the Act, §1138 of the Act, applicable regulations including the conditions set forth in Part 486, subpart G, title 42 of the Code of Federal Regulations, those conditions of the Organ Procurement and Transplantation Network established under §372 of the Public Health Service Act that have been approved by the Secretary, and to report promptly to the Centers for Medicare & Medicaid Services (CMS) any failure to do so;
- (B) To file a cost report in accordance with 42 CFR 413.24(f) within 5 months after the end of each fiscal year;
- (C) To permit CMS to designate an intermediary to determine the interim reimbursement rate payable to the transplant hospitals for services provided by the OPO and to make a determination of reasonable cost based upon the cost report filed by the OPOs;
- (D) To provide such budget or cost projection information as may be required to establish an initial interim reimbursement rate;
- (E) To pay to CMS amounts that have been paid by CMS to transplant hospitals and that are determined to be in excess of the reasonable cost of the services provided by the OPO;
- (F) Not to charge any individual for items or services for which that individual is entitled to have payment made under §1881 of the Act;

This agreement, upon submission by the Organ Procurement Organization and upon acceptance for filing by the Secretary of Health and Human Services, shall be binding on the Organ Procurement Organization and the Secretary. The agreement may be terminated by either party in accordance with regulatory requirements. In the event of de-certification, costs for the procurement of organs will not be available to the Organ Procurement Organization furnished on or after the effective date of the de-certification.

This agreement shall become effective on the date specified below by the Secretary or his Delegate, and shall remain in effect as specified by 42 CFR 486.309 unless the OPO is de-certified.

FOR THE ORGAN PROCUREMENT ORGANIZATION	ACCEPTED FOR SECRETARY OF HEALTH AND HUMAN SERVICES BY:
NAME  Joseph Ferreira	NAME  Karen Fuller
TITLE President/Chief Executive Officer, Nevada Donor Network	TITLE Manager, State Oversight and CLIA Branch, Division of Survey and Certification, CMS SFRO
DATE 7/25/18	DATE July 13, 2018
EFFECTIVE DATE OF AGREEMENT August 1, 2018 through January 31, 2023	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0512. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Western Division of Survey and Certification
San Francisco Regional Office
90 7th Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707



Refer to: WDSC- GKY

July 30, 2018

Joseph Ferreira
President/Chief Executive Officer
Nevada Donor Network
2055 East Sahara Avenue
Las Vegas, NV 89104

CMS Certification Number: 29-P001

Dear Mr. Ferreira:

Your recertification as an Organ Procurement Organization (OPO) of the Medicare program under Section 1138 of the Social Security Act has been approved. Enclosed, for your organization's permanent record, is a copy of the new Health Insurance Benefits Agreement, Form CMS-576A, between the Secretary of the Department of Health and Human Services and Nevada Donor Network. The effective date of the agreement is August 1, 2018 through January 31, 2023.

Nevada Donor Network will continue to be certified as an OPO in the Medicare program for the following donation service area (DSA) in Nevada:

Churchill County
Clark County
Douglas County
Esmeralda County
Eureka County
Humboldt County
Lander County

Lincoln County
Mineral County
Nye County
Pershing County
Storey County
White Pine County

If you have any questions concerning this letter or the Health Insurance Benefits Agreement, please contact Gary Yamamoto of my staff at (415) 744-3738.

Sincerely,

A handwritten signature in black ink that reads "Karen Fuller". The signature is written in a cursive, flowing style.

Karen Fuller, Manager
State Oversight and CLIA Branch
Division of Survey and Certification

Enclosure: Form CMS-576A, Health Insurance Benefits Agreement