

**HEALTH INSURANCE BENEFITS AGREEMENT**  
**Agreement with Organ Procurement Organization Pursuant To §1138(B) of the Social Security Act**  
**(CMS-576A)**

For the purpose of establishing eligibility under titles XVIII and XIX of the Social Security Act (“the Act”),

hereinafter referred to as the Organ Procurement Organization (OPO), hereby agrees;

- (A) To maintain compliance with the requirements of titles XVIII and XIX of the Act, §1138 of the Act, applicable Centers for Medicare and Medicaid Services (CMS) regulations, including, but not limited to the conditions and requirements set forth in Part 486, subpart G, title 42 of the Code of Federal Regulations (CFR), those conditions of the Organ Procurement and Transplantation Network established under §§371 and 372 of the Public Health Service Act, and to report promptly to CMS any failure to do so;
- (B) To file a cost report in accordance with 42 CFR § 413.24(f) within 5 months following the close of the period covered by the report;
- (C) To permit CMS to designate a contractor to determine the interim reimbursement rates payable by the transplant hospitals for services provided by the Independent Organ Procurement Organization (IOPO), and to determine Medicare’s reasonable cost based upon the cost reports filed by the IOPOs;
- (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 IOPO;
- (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 OPO and upon acceptance for filing by CMS on behalf of the Secretary of Health and Human Services (the Secretary), shall be binding on the OPO and the Secretary.

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**This 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 OPO 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 its' Delegate, and shall remain in effect as specified by 42 CFR §486.309 unless the OPO is de-certified.

| Agreement Entered into on Behalf of the OPO by: | Accepted for Secretary of Health and Human Services By:     |
|-------------------------------------------------|-------------------------------------------------------------|
| Printed Name of OPO Representative:             | Printed Name of CMS Representative:                         |
| Title:                                          | Title:                                                      |
| Signature of OPO Representative:                | Signature of CMS Representative:                            |
| Date Signed:                                    | Date Signed:                                                |
|                                                 | Effective Date of Agreement: (to be completed by CMS only): |

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### PRA Disclosure Statement

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 (Expires XX/XX/20XX)**. This is a required information collection. The time required to complete this information collection is estimated to average of **30 minutes** 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 comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

### \*\*\*CMS Disclosure Statement\*\*\*

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