

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

Current Section Number, Section Title, Data Field Text and Location	Revised Section Number, Section Title, Data Field Text & Location	Description of Changes Made	Reasons for Changes Made
<p>Existing Page Number: 1</p> <p>Existing Section Number: NA</p> <p>Existing Section: NA</p> <p>Existing Data Field Text: NA</p> <p>Existing Locations:</p> <ol style="list-style-type: none"> 1. Introductory sentence 2. Printed Name of OPO Representative 3. Signature of OPO Representative 4. Date Signed 	<p>Revised Page Number: 1</p> <p>Revised Section Number: NA</p> <p>Revised Section: NA</p> <p>Revised Data Field Text: The areas that require data input have been converted to a .pdf fillable format.</p> <p>Revised Location:</p> <ol style="list-style-type: none"> 1. Introductory sentence 2. Printed Name of OPO Representative 3. Signature of OPO Representative 4. Date Signed 	<p>The CMS-576A form has been converted to a .pdf fillable form, so that all information can be added electronically.</p>	<p>The existing version of the CMS-576A form is not fillable. This means that the person completing the form must either handwrite or type their responses onto the form.</p> <p>If responses are handwritten there is a possibility that the handwriting may be illegible. It is time consuming and burdensome for the provider to attempt to properly line up the data fields in the typewriter so as to get the information in the correct areas</p> <p>We have made these changes because it reduces burden to the providers by being able to complete the form quickly and easily on a computer or tablet. The person completing the form can also electronically sign the form. In addition, because the form can be completed electronically, it can be returned to CMS electronically.</p>

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<p>Existing Page Number: 1</p> <p>Section Number: NA</p> <p>Section: NA</p> <p>Existing Data Field Text: “For the purpose of establishing eligibility under titles XVIII and XIX of the Act _____ (insert name of facility) hereinafter referred to as the Organ Procurement Organization, hereby agrees;”</p> <p>Location: Introductory paragraph</p>	<p>Revised Page Number: 1</p> <p>Revised Section Number: NA</p> <p>Revised Section:</p> <p>Revised Data Field Text: “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;”</p> <p>Revised Location: Introductory sentence.</p>	<p>The introductory sentence has been changed from:</p> <p><i>“For the purpose of establishing eligibility under titles XVIII and XIX of the Act _____ (insert name of facility) hereinafter referred to as the Organ Procurement Organization, hereby agrees;”</i> in the existing CMS 576A form</p> <p style="text-align: center;">to</p> <p><i>“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;”</i> in the revised CMS-576A form.</p> <p>(Note: Revised text is highlighted in yellow).</p>	<p>The introductory sentence of the existing version of the CMS-576A form refers to the Social Security Act as “the Act.”. This is improper because this is the first reference in this document to the Social Security Act.</p> <p>When referring to the Social Security Act the first time in a document, one should state “Social Security Act “ followed by the acronym “the Act.” Therefore, we have made this change in the revised CMS-576A form.</p>

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<p>Existing Page Number: 1</p> <p>Section Number: NA</p> <p>Section: NA</p> <p>Existing Data Field Text: “(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.</p> <p>Location: Paragraph A</p>	<p>Revised Page Number: 1</p> <p>Revised Section Number: NA</p> <p>Revised Section: NA</p> <p>Revised Data Field Text: “(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;”</p> <p>Revised Location: Paragraph A</p>	<p>Paragraph A has been changed from:</p> <p><i>“(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;”</i> in the existing CMS-576A form</p> <p align="center">to</p> <p><i>“(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</i></p>	<p>We have made the highlighted changes to the text of paragraph A to make the text more accurate.</p>
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		<p><i>promptly to CMS any failure to do so;” in the revised CMS-576 form</i></p> <p>Note: Revised text is highlighted in yellow Deleted text is highlighted in green</p>	
<p>Existing Page Number: 1</p> <p>Section Number: NA</p> <p>Section: Paragraph B</p> <p>Existing Data Field Text: “(B) To file a cost report in accordance with 42 CFR 413.24(f) within 5 months after the end of each fiscal year;”</p> <p>Location: Paragraph B</p>	<p>Revised Page Number: 1</p> <p>Revised Section Number: NA</p> <p>Revised Section: Paragraph B</p> <p>Revised Data Field Text: “(B) To file a cost report in accordance with 42 CFR § 413.24(f) within 5 following the close of the period covered by the report;”</p> <p>Revised Location: Paragraph B</p>	<p>Paragraph B has been changed from:</p> <p>“(B) To file a cost report in accordance with 42 CFR 413.24(f) within 5 months after the end of each fiscal year;” in the existing CMS-576 A form.</p> <p style="text-align: center;">to</p> <p>“(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;” in the revised CMS-576A form,</p> <p>Note: Revised text is highlighted in yellow</p>	<p>We have changed the submission deadline from 5 months after the end of the fiscal year to 5 months following the close of the period covered by the report.</p> <p>We made this change because not all cost reports will be based on the fiscal year. This could occur if an OPO is established in the middle of a fiscal year or if the OPO does not report on a fiscal year basis,</p> <p>The revised submission deadline covers both OPOs with reporting periods based on the fiscal year and those not based on the fiscal year.</p>

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<p>Existing Page Number: 1</p> <p>Existing Section Number: NA</p> <p>Existing Section: Paragraph C</p> <p>Existing Data Field Text: “(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;”</p> <p>Existing Location: Paragraph C</p>	<p>Revised Page Number: 1</p> <p>Revised Section Number: NA</p> <p>Revised Section: Paragraph C</p> <p>Revised Data Field Text: (C) To permit CMS to designate a contractor to determine the interim reimbursement rate 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 report filed by the IOPOs;</p> <p>Revised Location: Paragraph C</p>	<p>Paragraph C has been changed from:</p> <p><i>“(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;”</i> in the existing CMS-576A form</p> <p style="text-align: center;">to</p> <p><i>“(C) To permit CMS to designate a contractor to determine the interim reimbursement rate 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 report filed by the IOPOs;”</i> in the revised CMS-576A form.</p> <p>Note: Revised text is highlighted in yellow</p>	<p>Paragraph C of existing CMS-576A form refers to OPOs. We have changed this to Independent Organ Procurement Organizations (IOPOs) in the revised CMS-576A form.</p> <p>We have made these changes to the text of paragraph C to make it accurate.</p>

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<p>Existing Page Number: 1</p> <p>Existing Section Number: NA</p> <p>Existing Section: Paragraph E</p> <p>Existing Data Field Text: (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;</p> <p>Existing Location: Paragraph E</p>	<p>Revised Page Number: 1</p> <p>Revised Section Number: NA</p> <p>Revised Section: Paragraph E</p> <p>Revised Data Field Text: (F) 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;</p> <p>Revised Location: Paragraph E</p>	<p>Paragraph E has been changed from:</p> <p><i>“(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,”</i> in the existing CMS-576A form</p> <p style="text-align: center;">to</p> <p><i>“(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,”</i> in the revised CMS-576 form.</p> <p>Note: Revised text is highlighted in yellow</p>	<p>We have changed the reference in paragraph E to OPO in the existing CMS-576A form to IOPO in the revised CMS-576A form. We made this change for accuracy.</p>
<p>Existing Page Number: 1</p> <p>Existing Section Number: NA</p> <p>Existing Section: Attestation Statement</p> <p>Existing Data Field Text: This agreement, upon submission by the Organ Procurement Organization and</p>	<p>Revised Page Number: 1</p> <p>Revised Section Number: NA</p> <p>Revised Section: Attestation Statement</p> <p>Revised Data Field Text: This Agreement, upon submission by the OPO and upon acceptance for filing by CMS</p>	<p>Attestation statement sentence #1 has been changed from:</p> <p><i>“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</i></p>	

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<p>upon acceptance for filing by the Secretary of Health and Human Services, shall be binding on the Organ Procurement Organization and the Secretary.</p> <p>Existing Location: Attestation Statements, sentence #1</p>	<p>on behalf of the Secretary of Health and Human Services (the Secretary), shall be binding on the OPO and the Secretary.</p> <p>Revised Location: Attestation Statements, paragraph #1</p>	<p><i>Secretary</i>” in the existing CMS-576A form</p> <p style="text-align: center;">to</p> <p><i>“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”</i> in the revised CMS-576A form.</p> <p>Note: Revised text is highlighted in yellow).</p>	
<p>Existing Page Number: 1</p> <p>Existing Section Number: NA</p> <p>Existing Section: Attestation Statement</p> <p>Existing Data Field Text: 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.</p>	<p>Revised Page Number: 2</p> <p>Revised Section Number: NA</p> <p>Revised Section: Attestation Statements</p> <p>Revised Data Field Text: 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.</p>	<p>Attestation statement sentences #2 & #3 have been changed from:</p> <p><i>“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”</i> in the existing CMS-576A form</p> <p style="text-align: center;">to</p>	

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<p>Existing Location: Attestation Statements, sentences #2 & #3</p>	<p>Revised Location: Attestation Statements, paragraph #2</p>	<p><i>“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”</i> in the revised CMS-576A form.</p> <p>Note: Revised text is highlighted in yellow.</p>	
<p>Existing Page Number: 1</p> <p>Existing Section Number: NA</p> <p>Existing Section: Attestation Statement</p> <p>Existing Data Field Text: 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.</p> <p>Existing Location: Attestation Statement, 4th sentence</p>	<p>Revised Page Number: 2</p> <p>Revised Section Number: NA</p> <p>Revised Section: Attestation Statements</p> <p>Revised Data Field Text: 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.</p> <p>Revised Location: Attestation Statement, paragraph #3.</p>	<p>The 4th sentence of the attestation statement has been changed from:</p> <p><i>“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”</i> in the existing CMS-576A form</p> <p style="text-align: center;">to</p> <p><i>“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’</i> in the revised CMS=576A form.</p>	<ol style="list-style-type: none"> 1. We have changed the pronoun used to refer to the Secretary from “<i>his</i>” to “<i>its</i>”. We made this change because this is the modern term used. 2. We have changed the format of the attestation statement from a paragraph containing 5 sentences to 3 separate paragraphs. <p>We made this change because the person signing the form should thoroughly read and understand the attestation statement text before signing the CMS-576A form. We believe that the person completing the CMS-576A form would be less likely to do so when this important text, containing 5 separate pieces of information is buried into a paragraph that is presented in very small text as opposed to being presented in larger text in 3 separate paragraphs, with the</p>

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		<i>Note:</i> Revised text is highlighted in yellow.	words “This Agreement” in larger bold ed text at the beginning of each paragraph.
<p>Existing Page Number: 1</p> <p>Existing Section Number: NA</p> <p>Existing Section: Signature section</p> <p>Existing Data Field Text: “FOR THE ORGAN PROCUREMENT ORGANIZATION”</p> <p>Existing Location: Signature section title row</p>	<p>Revised Page Number: 2</p> <p>Revised Section Number: NA</p> <p>Revised Section: Signature section</p> <p>Revised Data Field Text: “Agreement Entered Into On Behalf of the OPO By:”</p> <p>Revised Location: Signature section title row</p>	<p>The text of the title row for the signature section of the CMS-576A form has been changed from:</p> <p style="text-align: center;"><i>“FOR THE ORGAN PROCUREMENT ORGANIZATION”</i> in the existing CMS-576A form</p> <p style="text-align: center;">to</p> <p style="text-align: center;"><i>“Agreement Entered Into On Behalf of the OPO By:”</i> in the revised CMS-576A form.</p>	<p>We have changed the text of the title row to the signature section in the revised CMS-576A form because we believe that the revised text is more accurate,</p>
<p>Existing Page Number: 1</p> <p>Existing Section Number: NA</p> <p>Existing Section: Signature section</p> <p>Existing Data Field Text: “Name”</p> <p>Existing Location: Signature section, Name field</p>	<p>Revised Page Number: 2</p> <p>Revised Section Number: NA</p> <p>Revised Section: Signature section</p> <p>Revised Data Field Text: “Printed Name”</p> <p>Revised Location: Signature section, Printed Name field</p>	<p>1. The Name field in the signature section of the CMS-576A form has been changed from:</p> <p style="text-align: center;"><i>“Name”</i> in the existing CMS-576A form</p> <p style="text-align: center;">to</p> <p style="text-align: center;"><i>“Printed Name”</i> in the revised CMS-576A form</p>	<p>In the existing CMS-576A form, the first line in the 1st column of signature section is for “Name” of the person from the OPO that is signing the form. However, it is not indicated whether the person is to write their printed name or sign the form in this space.</p> <p>Also, such a form should require a signature from a designated representative from the OPO who has the authority to bind the OPO to such an agreement. However, the signature of many persons is illegible.</p>

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			<p>Therefore, it is wise to also have a place for the person signing the form to add their printed name. The existing CMS-576A form has only a Name, Title and Date spaces. To correct these issues we have done the following:</p> <ol style="list-style-type: none"> 1. Changed the text in the “Name” data field to “Printed Name”; and 2. Added a new data field in the signature section as row 3 for “Signature of OPO Representative.” 3. Converted all data fields in the signature section to a .pdf fillable format.
<p>Existing Page Number: 1</p> <p>Existing Section Number: NA</p> <p>Existing Section: Signature section</p> <p>Existing Data Field Text: NA</p> <p>Existing Location: None</p>	<p>Revised Page Number: 2</p> <p>Revised Section Number: NA</p> <p>Revised Section: Signature section</p> <p>Revised Data Field Text: “Signature of OPO Representative”</p> <p>Revised Location: Signature section, column 1, row 3</p>	<p>We have added a new data field for “Signature of OPO Representative” at column 1, row 3 of the revised CMS-576A form.</p>	<p>In the existing CMS-576A form, the first line in the 1st column of signature section is for “Name” of the person from the OPO that is signing the form. However, it is not indicated whether the person is to write their printed name or sign the form in this space.</p> <p>Also, such a form should require a signature from a designated representative from the OPO who has the authority to bind the OPO to such an agreement. However, the signature of many persons is illegible. Therefore, it is wise to also have a place for the person signing the form to add their printed name.</p>

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			<p>The existing CMS-576A form has only a Name, Title and Date spaces.</p> <p>To correct these issues we have done the following:</p> <ol style="list-style-type: none"> 1. Changed the text in the “Name” data field to “Printed Name”; and 2. Added a new data field in the signature section as row 3 for “Signature of OPO Representative.” 3. Converted all data fields in the signature section to a .pdf fillable format.
<p>Existing Page Number: 1</p> <p>Existing Section Number: NA</p> <p>Existing Section: Signature section</p> <p>Existing Data Field Text: “Date”</p> <p>Existing Location: Signature section, column 1, row 3</p>	<p>Revised Page Number: 2</p> <p>Revised Section Number: NA</p> <p>Revised Section: Signature section</p> <p>Revised Data Field Text: Date Signed”</p> <p>Revised Location: Signature section, column 1, row 4</p>	<ol style="list-style-type: none"> 1. The text in column 1, row 3 of the signature section of the CMS-576A form has been changed from: “Date” in the existing CMS-576A form to “Date Signed” in the revised CMS-576A form. 2. Due to the addition of the signature data field as column 1, Row 3 in the signature section of the revised CMS- 	<p>We believe that the word “Date” by itself could be confusing to the person completing the CMS-576A form. For example, the form could be completed on one date but signed at a later date. The person completing the CMS-576A form may not know whether to use the date the form was completed or the date the form was signed in this “Date” field,</p> <p>We have changed the text of the date field from “Date” to “Date Signed” to provide more specificity.</p>

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		<p>576A form, the “Date Signed” data field has been moved from</p> <p>Column 1, row 3 in the existing CMS-576A form</p> <p style="text-align: center;">to</p> <p>Column 1, row 4 in the revised CMS-576A form.</p>	
<p>Existing Page Number: 1</p> <p>Existing Section Number: NA</p> <p>Existing Section: Signature section</p> <p>Existing Data Field Text: “Name”</p> <p>Existing Location: Signature section, column 2, row 1</p>	<p>Revised Page Number: 2</p> <p>Revised Section Number: NA</p> <p>Revised Section: Signature section</p> <p>Revised Data Field Text: “Printed Name of CMS Representative”</p> <p>Revised Location: Signature section, column 2, row 1</p>	<p>The Name field in column 2, row 1 of the signature section of the CMS-576A form has been changed from:</p> <p style="text-align: center;"><i>“Name”</i> in the existing CMS-576A form</p> <p style="text-align: center;">to</p> <p style="text-align: center;"><i>“Printed Name CMS Representative”</i> in the revised CMS-576A form</p>	<p>In the existing CMS-576A form, the first line in the 2nd column of signature section is for “Name” of the person from CMS that is signing the form. However, it is not indicated whether the person is to write their printed name or place their signature in this space.</p> <p>Also, such a form should require a signature from a designated representative from CMS who has the authority to make this agreement with the OPO binding. However, the signature of many persons is illegible. Therefore, it is wise to also have a place for the person signing the form to add their printed name. The existing CMS-576A form has only a Name, Title and Date spaces.</p> <p>To correct this issue we have done the following:</p>

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			<ol style="list-style-type: none"> 1. Changed the text in the “Name” data field to “Printed Name of CMS Representative”; and 2. Added a new data field in the signature section at column 2, row 3 for “Signature of CMS Representative.” 3. Converted all data fields in the signature section to a .pdf fillable format.
<p>Existing Page Number: 1</p> <p>Existing Section Number: NA</p> <p>Existing Section: Signature section</p> <p>Existing Data Field Text: NA</p> <p>Existing Location: NA</p>	<p>Revised Page Number: 2</p> <p>Revised Section Number: NA</p> <p>Revised Section: Signature section</p> <p>Revised Data Field Text: “Signature of CMS Representative”</p> <p>Revised Location: Signature section, column 2, row 3</p>	<p>We have added a new data field for “Signature of CMS Representative” at column 2 row 3 of the revised CMS-576A form.</p>	<p>In the existing CMS-576A form, the first line in the 2nd column of signature section is for “Name” of the person from CMS that is signing the form. However, it is not indicated whether the person is to write their printed name or place their signature in this space.</p> <p>Also, such a form should require a signature from a designated representative from CMS who has the authority to make this agreement with the OPO binding. However, the signature of many persons is illegible. Therefore, it is wise to also have a place for the person signing the form to add their printed name. The existing CMS-576A form has only a Name, Title and Date spaces.</p> <p>To correct this issue we have done the following:</p>

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			<ol style="list-style-type: none"> 1. Changed the text in the “Name” data field to “Printed Name of CMS Representative”; and 2. Added a new data field in the signature section at column 2, row 3 for “Signature of CMS Representative.” 3. Converted all data fields in the signature section to a .pdf fillable format.