

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-RD

July 11, 2014

Tom Mone
Executive Director
OneLegacy
221 S. Figueroa Street, Ste 500
Los Angeles, CA 90021

Re: 05-P002

Dear Mr. Mone:

This notice is to replace the previous notice dated June 16, 2014. The agreement dates have been revised.

Pursuant to the May 31, 2006, publication of the final regulation at 42 Code of Federal Regulations Parts 413, 441, 486, the Centers for Medicare and Medicaid Services is issuing a new Health Insurance Benefits Agreement between the Secretary of the Department of Health and Human Services and OneLegacy. The effective date of the agreement is August 1, 2014 through January 31, 2019.

Please sign and date the enclosed form CMS-576A. Retain a copy for your OPO's permanent records and return the signed original to:

Rosanna Dominguez
CMS/WCDSC
90 7th Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

If you have any questions concerning this letter or the Health Insurance Benefits Agreement, please contact Rosanna Dominguez of my staff at 415-744-3735 or at Rosanna.Dominguez@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Rufus Arther". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Rufus Arther, Manager
Non Long Term Care Branch
Western Division of Survey and Certification

Enclosure

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 _____ OneLegacy _____
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

NAME Thomas D. Mone

TITLE Chief Executive Officer

DATE July 17, 2014

EFFECTIVE DATE OF AGREEMENT

August 1, 2014 through January 31, 2019

ACCEPTED FOR SECRETARY OF HEALTH AND HUMAN SERVICES BY:

NAME Rufus Arther

TITLE Non Long Term Care Branch Manager

DATE July 11, 2014

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.