

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Survey & Operations Group
San Francisco Survey and Enforcement Division
90 7th Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707



May 12, 2022

Joe Ferreira
Nevada Donor Network
2055 East Sahara Ave
Las Vegas, NV 89104

Re: CMS Certification Number: 29P001

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Dear Mr. Ferreira:

I am pleased to inform you that as a result of the recertification survey completed by surveyors of the Centers for Medicare and Medicaid Services on February 25, 2022, Nevada Donor Network is now in compliance with the Medicare requirements listed at 42 C.F.R 483 Subpart G for Organ Procurement Organizations (OPO). Your plan of Correction was found acceptable. Nevada Donor Network continues to meet the certification requirements at 42 C.F.R §486.303, including the conditions for coverage at §486.320 through §486.348 and therefore is recertified as an OPO, effective May 11, 2022. As part of the survey process, the OPO was requested to provide a copy of their Donor Service Area (DSA). Nevada Donor Network's DSA includes the following counties:

Nevada

Churchill, Clark, Douglas, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyons, Mineral, Nye, Pershing, Storey, and White Pine

Enclosed with this letter you will find a copy of form CMS 576-A health insurance benefits agreement. As a reminder, an authorized representative must sign, date and return the CMS 576-A to our office.

We thank you for your cooperation and look forward to working with you on a continuing basis in the administration of the Medicare program. If you have any questions, please contact me at: Rosanna.Angeldones@cms.hhs.gov.

Sincerely,

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

Rosanna Angeldones
Health Insurance Specialist
Acute & Continuing Care Branch
San Francisco & Seattle

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
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 <small>DocuSigned by: Joseph Ferreira C10C277375CA45A...</small>	NAME	<i>R. Angelones</i>
TITLE	President/CEO	TITLE	Senior Health Insurance Specialist
DATE	5/19/2022	DATE	05/23/2022

EFFECTIVE DATE OF AGREEMENT **May 11, 2022**

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.