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, We are Sharing Hope SC
hereinafter referred to as the Organ Procurement Organization, hereby agrees;

(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 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.

<table>
<thead>
<tr>
<th>FOR THE ORGAN PROCUREMENT ORGANIZATION</th>
<th>ACCEPTED FOR SECRETARY OF HEALTH AND HUMAN SERVICES BY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>NAME Linda D. Smith</td>
</tr>
<tr>
<td>TITLE President/CEO</td>
<td>TITLE Associate Regional Administrator</td>
</tr>
<tr>
<td>DATE 07/29/2018</td>
<td>DATE 07/27/2018</td>
</tr>
</tbody>
</table>

EFFECTIVE DATE OF AGREEMENT 08/01/2018 - 01/31/2023

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.
Mr. David DeStefano, Executive Director
We Are Sharing Hope SC
3950 Faber Place Dr., Suite 400
Charleston, SC 29405

Provider # 42-P001

Re: Designated Service Area Agreement Letter

Dear Mr. DeStafano:

Your application for re-designation as an Organ Procurement Organization (OPO) for the Medicare and Medicaid Programs under Statute 1138 of the Social Security Act was approved on 7/27/18. Effective August 1, 2018 through January 31, 2023, We Are Sharing Hope is designated as the OPO for the following service areas:

South Carolina Counties:

<table>
<thead>
<tr>
<th>Abbeville County</th>
<th>Allendale County</th>
<th>Anderson County</th>
<th>Bamberg County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barnwell County</td>
<td>Beaufort County</td>
<td>Berkeley County</td>
<td>Calhoun County</td>
</tr>
<tr>
<td>Charleston County</td>
<td>Cherokee County</td>
<td>Chester County</td>
<td>Chesterfield County</td>
</tr>
<tr>
<td>Clarendon County</td>
<td>Colleton County</td>
<td>Darlington County</td>
<td>Dillon County</td>
</tr>
<tr>
<td>Dorchester County</td>
<td>Fairfield County</td>
<td>Florence County</td>
<td>Georgetown County</td>
</tr>
<tr>
<td>Greenville County</td>
<td>Greenwood County</td>
<td>Hampton County</td>
<td>Horry County</td>
</tr>
<tr>
<td>Jasper County</td>
<td>Kershaw County</td>
<td>Lancaster County</td>
<td>Laurens County</td>
</tr>
</tbody>
</table>
Enclosed is a copy of the signed Health Insurance Benefits Agreement. Please enter the provider number shown above on all forms and correspondence related to this program.

If you believe the above information is not correct (i.e. service area, effective date), please submit your questions or comments, in writing, to this office. We welcome your continued participation and look forward to working with you. Your CMS Regional Office Contact is Kathy Brazil, RN, at Kathy.Brazil@cms.hhs.gov or 404-562-7448.

Sincerely,

for Linda D. Smith

Linda D. Smith
Associate Regional Administrator
Division of Survey and Certification

Enclosures – Health Insurance Benefits Agreement