

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 (42P001)

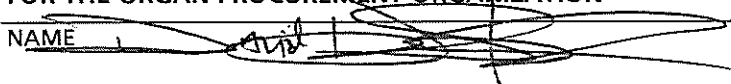
hereinafter referred to as the Organ Procurement Organization, hereby agrees;

(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 	NAME <i>Kathy Brazil for</i> Linda D. Smith
TITLE <i>President / CEO</i>	TITLE Director, Atlanta Survey Operations Group
DATE <i>08/08/2022</i>	DATE July 27, 2022
EFFECTIVE DATE OF AGREEMENT 08/01/2022 - 01/31/2027	

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.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
61 Forsyth St., SW, Suite 4T20
Atlanta, Georgia 30303-8909



Atlanta Survey & Enforcement Division

July 31, 2022

David DeStefano
Chief Executive Officer
We are Sharing Hope SC
2215 Henry Tecklenburg Drive
Charleston, SC 29414
Via electronic mail: destefanod@sharinghopesc.org

(Confirmation of successful transmission constitutes proof of receipt)

Re: **CMS Certification Number:** 42P001

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Dear Mr. DeStefano:

I am pleased to inform you that as a result of an acceptable Plan of and follow up review completed by surveyors of the Centers for Medicare & Medicaid Services, Sharing Hope SC was found in compliance with the Medicare requirements listed at 42 C.F.R 483 Subpart G for Organ Procurement Organizations (OPO). Sharing Hope SC meets 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 August 1, 2022. The Designated Service Area (DSA) for Sharing Hope SC includes the following counties:

South Carolina Counties:

Abbeville County	Allendale County	Anderson County	Bamberg County
Barnwell County	Beaufort County	Berkeley County	Calhoun County
Charleston County	Cherokee County	Chester County	Chesterfield County
Clarendon County	Colleton County	Darlington County	Dillon County

Dorchester County	Fairfield County	Florence County	Georgetown County
Greenville County	Greenwood County	Hampton County	Horry County
Jasper County	Kershaw County	Lancaster County	Laurens County
Lee County	Lexington County	Marion County	Marlboro County
McCormick County	Newberry County	Oconee County	Orangeburg County
Pickens County	Richland County	Saluda County	Spartanburg County
Sumter County	Union County	Williamsburg County	York County

Enclosed with this letter you will find a copy of the form CMS 2567 statement of deficiencies and a copy of form CMS 576-A Health Insurance Benefits Agreement. As a reminder, an authorized representative must sign, date and return the CMS 2567 to our office. An authorized representative must sign, date and return the CMS 576-A to our office as well.

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, you may contact Kathy Brazil via e-mail at Kathy.Brazil@cms.hhs.gov with a copy to Jill Jones at JillJones@cms.hhs.gov.

Sincerely,

Kathy Brazil for

Linda D. Smith, MBA, MSN, RN
 Director,
 Atlanta Survey Operations Group
 Survey and Enforcement Division
 Center for Clinical Standards and Quality

Enclosure: CMS 2567
 CMS 576-A

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

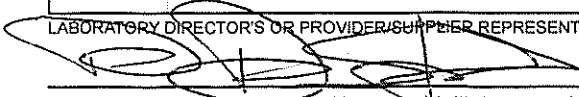
PRINTED: 07/31/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 42P001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/21/2022
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NAME OF PROVIDER OR SUPPLIER WE ARE SHARING HOPE SC	STREET ADDRESS, CITY, STATE, ZIP CODE 2215 HENRY TECKLENBURG DRIVE CHARLESTON, SC 29414
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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{E 000}	Initial Comments A follow up desk review was completed on 07/21/2022 for the deficiency cited during the February 7-11, 2022 Emergency Preparedness Organ Procurement Organization (OPO) Recertification Survey at We are Sharing Hope SC. The OPO was found in compliance with Medicare Regulations for Organ Procurement Organizations at 42 CFR §486.360 - Condition for Coverage: Emergency Preparedness, based on an acceptable Plan of Correction and supporting documents. The date of correction was 07/01/2022.	{E 000}		
{Z 000}	INITIAL COMMENTS A follow up desk review was completed on 07/21/2022 for the deficiencies cited during the February 7-11, 2022 Organ Procurement Organization (OPO) Recertification Survey at We are Sharing Hope SC. The OPO was found in compliance with Medicare Regulations at 42 CFR Part 486, Subpart G - Conditions for Coverage: Organ Procurement Organizations based on an acceptable Plan of Correction and supporting documents. The date of correction was 07/01/2022.	{Z 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
 President / CEO 08/10/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.