

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Room 827  
Dallas, Texas 75202



**DIVISION OF SURVEY & CERTIFICATION, REGION VI**

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May 22, 2018

CMS Certification Number (CCN):04P001

Alan Cochran, Executive Director  
Arkansas Regional Organ Recovery Agency  
1701 Aldersgate Road, Suite 4  
Little Rock, AR 72205

Dear Administrator:

On May 3, 2018, representatives of the Centers for Medicare and Medicaid Services (CMS) conducted a complaint survey and a federal recertification survey of your Organ Procurement Organization (OPO). CMS found that your facility is in compliance with all Conditions of Participation (CoP) and the complaint was unsubstantiated.

The following counties of Arkansas in your designated service area (DSA):

Arkansas	Conway	Izard	Nevada	Searcy
Ashley	Crawford	Jackson	Newton	Sebastian
Baxter	Dallas	Jefferson	Quachita	Sevier
Benton	Desha	Johnson	Perry	Sharp
Boone	Drew	Lafayette	Pike	Stone
Bradley	Faulkner	Lincoln	Poinsett	Union
Calhoun	Franklin	Little River	Polk	Van Buren
Carroll	Fulton	Logan	Pope	Washington
Chicot	Garland	Lonoke	Prairie	White
Clark	Grant	Madison	Pulaski	Woodruff
Cleburne	Hempstead	Marion	Randolph	Yell
Cleveland	Hot Springs	Monroe	Saline	
Columbia	Howard	Montgomery	Scott	

Please note that the county of Independence is not in your DSA. Independence County is assigned to Mid-America Transplant; however White River Medical Center, which is in Independence County, has a waiver from CMS to continue its agreement with Arkansas Regional Organ Recovery Agency. See the enclosed letter from 1997.

Please report any changes in staffing, services or any other characteristics, which might affect your certification status to our office at the address listed above. If you have any questions concerning certification please contact Rachel McCarty at (214) 767-2082 or by email at [rachel.mccarty@cms.hhs.gov](mailto:rachel.mccarty@cms.hhs.gov). For questions on clinical issues please contact Susana Cruz at (214) 767-4415 or by email at [susana.cruz@cms.hhs.gov](mailto:susana.cruz@cms.hhs.gov).

Sincerely,

A handwritten signature in cursive script that reads "Shannon Hills-Cline".

Shannon Hills-Cline, Manager  
Certification Branch

Enclosures: Form CMS-576A and 1997 Letter to White River Medical Center

**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 ARKANSAS REGIONAL ORGAN RECOVERY AGENCY 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 <u>ALAN COCHRAN</u>	NAME <u>Sharon Hillis - Cline for</u>
TITLE <u>EXECUTIVE DIRECTOR</u>	TITLE <u>Gerardo Ortiz, Associate Regional Administrator</u>
DATE <u>4-30-2018</u>	DATE <u>May 3, 2018</u>

EFFECTIVE DATE OF AGREEMENT  
August 1, 2018 through January 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.