

WAC 182-550-2100 Requirements—Transplant hospitals. This section applies to requirements for hospitals that perform the medicaid agency-approved transplants described in WAC 182-550-1900(2).

(1) The agency requires instate transplant hospitals to meet the following requirements to be paid for transplant services provided to Washington apple health clients. A hospital must have:

(a) An approved certificate of need (CON) from the state department of health (DOH) for the type of transplant procedure to be performed, except that the agency does not require CON approval for a hospital that provides peripheral stem cell (PSC), skin graft or corneal transplant services;

(b) Approval from the United Network of Organ Sharing (UNOS) to perform transplants, except that the agency does not require UNOS approval for a hospital that provides PSC, skin graft, or corneal transplant services; and

(c) Been approved by the agency as a center of excellence transplant center for the specific organ or procedure the hospital proposes to perform.

(2) The agency requires an out-of-state transplant center, including bordering city and critical border hospitals, to be a medicaid-certified transplant center in a hospital participating in that state's medicaid program. All out-of-state transplant services, excluding those provided in agency-approved centers of excellence (COE) in bordering city and critical border hospitals, must be prior authorized.

(3) The agency considers a hospital for approval as a transplant center of excellence when the hospital submits to the agency a copy of its DOH-approved CON for transplant services, or documentation that it has, at a minimum:

(a) Organ-specific transplant physicians for each organ or transplant team. The transplant surgeon and other responsible team members must be experienced and board-certified or board-eligible practitioners in their respective disciplines, including, but not limited to, the fields of cardiology, cardiovascular surgery, anesthesiology, hemodynamics and pulmonary function, hepatology, hematology, immunology, oncology, and infectious diseases. The agency considers this requirement met when the hospital submits to the agency a copy of its DOH-approved CON for transplant services;

(b) Component teams which are integrated into a comprehensive transplant team with clearly defined leadership and responsibility. Transplant teams must include, but not be limited to:

(i) A team-specific transplant coordinator for each type of organ;

(ii) An anesthesia team available at all times; and

(iii) A nursing service team trained in the hemodynamic support of the patient and in managing immunosuppressed patients.

(c) Other resources that the transplant hospital must have include:

(i) Pathology resources for studying and reporting the pathological responses of transplantation;

(ii) Infectious disease services with both the professional skills and the laboratory resources needed to identify and manage a whole range of organisms; and

(iii) Social services resources.

(d) An organ procurement coordinator;

- (e) A method ensuring that transplant team members are familiar with transplantation laws and regulations;
 - (f) An interdisciplinary body and procedures in place to evaluate and select candidates for transplantation;
 - (g) An interdisciplinary body and procedures in place to ensure distribution of donated organs in a fair and equitable manner conducive to an optimal or successful patient outcome;
 - (h) Extensive blood bank support;
 - (i) Patient management plans and protocols; and
 - (j) Written policies safeguarding the rights and privacy of patients.
- (4) In addition to the requirements of subsection (3) of this section, the transplant hospital must:
- (a) Satisfy the annual volume and survival rates criteria for the particular transplant procedures performed at the hospital, as specified in WAC 182-550-2200(2).
 - (b) Submit a copy of its approval from the United Network for Organ Sharing (UNOS), or documentation showing that the hospital:
 - (i) Participates in the national donor procurement program and network; and
 - (ii) Systematically collects and shares data on its transplant programs with the network.
- (5) The agency applies the following specific requirements to a PSC transplant hospital:
- (a) A PSC transplant hospital must be an agency-approved COE to perform any of the following PSC services:
 - (i) Harvesting, if it has its own apheresis equipment which meets federal or American Association of Blood Banks (AABB) requirements;
 - (ii) Processing, if it meets AABB quality of care requirements for human tissue/tissue banking; and
 - (iii) Reinfusion, if it meets the criteria established by the Foundation for the Accreditation of Hematopoietic Cell Therapy.
 - (b) A PSC transplant hospital may purchase PSC processing and harvesting services from other agency-approved processing providers.
- (6) The agency does not pay a PSC transplant hospital for AABB inspection and certification fees related to PSC transplant services.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 15-18-065, § 182-550-2100, filed 8/27/15, effective 9/27/15. WSR 11-14-075, recodified as § 182-550-2100, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500. WSR 07-14-018, § 388-550-2100, filed 6/22/07, effective 8/1/07. Statutory Authority: RCW 74.08.090, 74.09.730, 74.04.050, 70.01.010, 74.09.200, [74.09.]500, [74.09.]530 and 43.20B.020. WSR 98-01-124, § 388-550-2100, filed 12/18/97, effective 1/18/98.]