

Aetna Institutes of Excellence™ Transplant Facilities
Summary of Criteria
Requirements for Consideration

Request For Information (RFI): Facility must submit a completed, current year, standardized response to the RFI.

Access: Aetna must determine that it has a need for facility's specific transplant services in its Institutes of Excellence network.

Contractual Status: Facility must have a fully executed hospital services agreement. IOE designation occurs after an IOE amendment covering pre- and post-transplant care, facilities, physicians, and all other related inpatient and outpatient costs is fully executed. All physicians providing transplant services must be fully contracted with Aetna.

Designation Process:

Aetna's Institutes of Excellence Oversight Committee (IOEOC) has sole discretion in making final determinations on eligibility.

Program Criteria:

Facility Certification

- All facilities must remain fully credentialed by Aetna.
- All solid organ transplant programs must have Medicare certification and funding and be a United Network for Organ Sharing (UNOS) member in good standing.
- All bone marrow transplant (BMT) centers must be fully accredited by the Foundation for the Accreditation of Cellular Therapy (FACT) and/or by AABB and be a National Marrow Donor Program (NMDP) transplant center. National Cancer Institute (NCI) designation is preferred, but not mandatory.

Data Management

- Programs must have the ability to collect, analyze, and report data, and must submit updated information to Aetna annually as requested.

Program Processes

- Facility must agree to provide written notice to Aetna of any changes in its ability to deliver services to our members.
- Facility must maintain a staffing list and protocol list that can be shared with Aetna upon request.
- Facility must be willing to allow site visits with appropriate National Medical Excellence Program® (NME) staff.
- Facility must disclose and explain any history of closure or suspension to the satisfaction of the Institutes of Excellence Oversight Committee (IOEOC).
- Facility must maintain general and professional liability and other insurance, as necessary.

Staff

- Each solid organ program must have a UNOS-approved primary surgeon and primary physician.
- All facility staff must be properly credentialed by Aetna, privileged and reappointed within the scope of their specialty at facility.

Quality Improvement

- A quality improvement program must be in place for each program to the satisfaction of the IOECC.

Organ-Specific Criteria:

Volume requirement varies by each transplant type. The minimum volumes per calendar year are listed below:

| Transplant type | Adult program | Pediatric program |
|-----------------|-----------------------------|-------------------|
| Kidney | 15 | 4 |
| Liver | 30 | 5 |
| Heart | 12 | 5 |
| Lung | 15 | 1 |
| Heart/Lung | NA | NA |
| Pancreas/SPK | NA | NA |
| Intestine | 1 | 1 |
| BMT | 40 (at least 10 allogeneic) | 10 |

Outcomes:

- For solid organs, 90-day Graft Failure Rate and Conditional 1-year Graft Failure Rate are tracked, and both cannot be “statistically higher” as determined by Scientific Registry of Transplant Recipients public data. The Offer Acceptance Rate will be tracked but no threshold is assigned currently.
- For BMT, 3 consecutive years’ (rolling) survival must not be unfavorable (-1) as determined by the most recently available CIBMTR Center-Specific Survival Report.

Other specific criteria include:

- For adult heart/lung programs, the lung program must be accepted into Aetna’s IOE network, and the heart program must be Medicare certified and funded and have UNOS membership in good standing.
- For pediatric heart/lung programs, the pediatric lung program must be accepted into the IOE network, and the heart program must be active (a facility with zero transplants for the last year is considered inactive) and have UNOS membership in good standing.
- If a facility that transplants adult kidneys wants to be considered for pediatric kidneys, it must show that at least 25 percent of its total reported pediatric cases occur in patients between 0 and 10 years of age.
- A summation of kidney transplants and kidney/pancreas transplants will be used to determine a transplant center’s volume for kidney transplants.
- For pancreas/SPK transplant programs, the adult kidney transplant program must be accepted into the IOE network, and the pancreas transplant program must be Medicare certified and funded and have UNOS membership in good standing.

Aetna retains the sole discretion to determine designation as an Institutes of Excellence facility after taking into consideration all the program criteria, including cost, accessibility and business needs. Satisfaction of the program criteria is not a guarantee of designation.

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