



Understanding the Payer Perspective: COE Designation and Selection

TODAY'S PANELISTS



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COES-The Payer's Perspective

Dirk P Slaker MD
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Understanding the Payer Transplant Space

Under Pressure

- With game-changing therapies commanding jaw-dropping price tags, transplants have slid from the top of the priority list
- Procedure event vs Global cost (pre- / post-phases)
- Organ procurement

Understanding the Payer Transplant Space

Cost Comparison of Emerging Therapies vs. Transplant (procedure only)

- **Lyfgenia** - a **gene therapy** for treating sickle cell disease, carries a list price of **\$3.1 million** for a single course of treatment
- **Amtagvi** - **tumor-infiltrating lymphocyte (TIL) therapy for advanced melanoma**, comes with a list price of **\$515,000** for a one-time infusion
- **Abecma** - a **CAR-T** for multiple myeloma carries a list price for a single infusion of approximately **\$419,500**
- **Liver Transplant** - average cost of a liver transplant procedure alone—excluding pre- and post-operative care—typically ranges **from \$300,000 to \$600,000** in the United States

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For ***Liver Txp*** overall cost/patient in the US >**\$1 million** –

- **Pre-transplant phase: ~\$60,000**
- **Organ procurement: ~\$175,000**
- **Surgical procedure & hospital stay:~ \$550,000**
- **Post-transplant care: ~\$140,000 (first 6 months)**
- **Medications (e.g., immunosuppressants): ~\$27,000 annually**

Understanding the Payer Transplant Space

Cost Comparison of Emerging Therapies vs. Transplant (procedure only)

For **CAR-T overall cost per patient** can exceed **\$1 million –**

- **Hospitalization** (often 1–2 weeks)
- **Preconditioning chemotherapy**
- **Management of side effects** like cytokine release syndrome (CRS)
- **Follow-up care and monitoring**
- **Additional infusions** (some patients may need a second dose)

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Understanding the Payer Transplant Space

Average organ procurement cost per transplant:

- **Kidney:** ~\$150,000–\$200,000
- **Heart:** ~\$175,000–\$225,000
- **Liver:** ~\$100,000–\$150,000
- **Lung:** ~\$150,000–\$200,000

Total organ acquisition costs across all organs exceeded \$9.25 billion during the most recent reporting period

These figures include organ recovery, transportation, preservation, and coordination

<https://www.milliman.com/en/insight/2025-us-organ-and-tissue-transplants-costs-utilization?form=MG0AV3>



CENTER OF EXCELLENCE (COE) - Payer Mission Statement

- A COE is a program distinguished by its experience, specialized expertise, and qualifications to **provide care for a payer's transplant population**
- By aligning closely with health system operations and clinical programs, COEs ensure coordinated, **cost-effective management of complex conditions**
- Strategically embedding COEs into condition-centric care models **strengthens clinical outcomes** and unlocks measurable savings across the continuum
- **Note: The COE designation applies to a specialized program within the facility—not to the facility itself.**



COE - Overview of Major Payer Networks

Payer	Network Type	Scale & Highlights
Cigna	LifeSOURCE Transplant Network	170+ facilities, tiered program designations
Optum	Transplant Resource Services	1,112 programs, 195 COEs, \$12B+ in claims
Humana	National Transplant Network	Strict participation criteria, performance-based
BCBS	Blue Distinction Centers	199 solid organ programs, cost-efficiency tiering

COE - Overview of Major Payer Networks

Criteria	Cigna	Optum	Humana	BCBS
SRTR metrics used	✓	✓	✓	✓
Volume thresholds	✗	✓	✓	✓
Accreditation	✗	✓	FACT req.	✓ (BDC+)
Cost-efficiency tied	✓	✓	✓	✓

COE -Cost Efficiency in Transplant Programs

Clinical Outcomes with Financial Performance

- **Cigna** uses a Relative Performance Index (RPI) that factors in cost-efficiency alongside outcomes like graft survival and waitlist mortality.
- **Optum** tracks discounted claims data and compares cost per transplant across its COE network
- **Milliman** reports offer benchmarks for billed charges and utilization across organ type

COE - Network Impact on Outcomes

Better Networks, Better Outcomes

- 9% ↑ survival rates within Optum COEs
- 19% ↓ hospital stays for solid organ transplant patients
- Lower waitlist mortality when COEs are prioritized
- COEs drive more efficient, coordinated care

COE - How Networks Influence Access

Network Design Drives Patient Access

- In-network limitations impact travel and timing
- Referral restrictions delay transplant evaluation
- Prior authorization adds friction
- Out-of-network care increases cost burden



COE – One Payer’s Process (OPTUM)

*An annual **survey** must be **completed** to be considered a **COE**.*

- A web-based survey is created based on the evidence-based criteria and transmitted to requesting transplant centers at the **beginning** of each year
- Programs have 30 days to complete the survey and return with signature of lead physician attesting to the accuracy of the responses
- Decision is made for Center of Excellence (COE); **Transplant Access Program (TAP)** or Out of Network (OON)
- Notification of survey is emailed to Payer contact person at each facility. The survey system monitors return status
- After qualification, notification of network status is communicated to the program - be vigilant

COE-Annual survey pearls & pitfalls

- Know the COE criteria—align programs accordingly
- Monitor SRTR and OPTN data closely
- Be the first – order of Payer review is on a first come first serve basis
- Be complete and thorough – what makes your program stand out or unique
- Own any discrepancies or issues - everybody has them & honesty pays
- Understand each payer's expectations for quality and cost
- Foster relationships with payer network teams

If First You Don't Succeed...

If you do not receive the initial outcome you expected to receive

A-P-P-E-A-L

COE – Final Takeaways

Centers of Excellence are the blueprint for what care should be—not just exceptional, but equitable, scalable, and enduring. When payers and providers unite behind them, we stop measuring success by claims paid or transplants performed—and start defining it by lives restored, futures reclaimed, and systems transformed



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