

## OVERVIEW FACT SHEET

# Increasing Organ Transplant Access Model

## MODEL PURPOSE

The Increasing Organ Transplant Access Model — also sometimes referred to as the IOTA Model — is a mandatory model that aims to increase access to life-saving kidney transplants for patients living with kidney disease, improve health outcomes, and reduce Medicare expenditures. The model design supports greater care coordination and improved patient-centeredness in the process of being waitlisted for and receiving a kidney transplant, and increases access to kidney transplants. CMS will work with transplant hospitals selected to participate in the model to support their success.

## MODEL GOALS

The model provides incentives for transplant hospitals to promote the following goals:



Improve quality of care before, during and after transplantation.



Create greater access to a kidney transplant by addressing social determinants of health and other barriers to care.



Maximize the use of deceased donor kidneys.



Improve care coordination and patient-centeredness in the kidney transplant process.



Identify more living donors and assist potential living donors through the donation process.



Reduce Medicare expenditures.

## MODEL APPROACH

The Increasing Organ Transplant Access Model is a mandatory six-year model that aligns with wider efforts of the U.S. Department of Health and Human Services' Organ Transplant Affinity Group to improve access to organ transplants, improve accountability in the U.S. organ transplantation system, and increase the availability and use of donated organs. The model holds selected transplant hospitals accountable through two-sided risk: upside and downside performance-based payments.

## MODEL TIMELINE

The model is a six-year mandatory model that will begin on July 1, 2025, and end on June 30, 2031.

PERFORMANCE YEAR	PY1	PY2	PY3	PY4	PY5	PY6
<b>6-YEAR MODEL</b>	July 1, 2025, to June 30, 2026	July 1, 2026, to June 30, 2027	July 1, 2027, to June 30, 2028	July 1, 2028, to June 30, 2029	July 1, 2029, to June 30, 2030	July 1, 2030, to June 30, 2031

## MODEL PARTICIPATION



### TRANSPLANT HOSPITALS

- CMS is selecting approximately half of the donation service areas (DSAs) and all eligible kidney transplant hospitals in those areas, for a total of 103 kidney transplant hospitals, to participate in the mandatory model. The other half will serve as the comparison group for evaluation purposes.
- Non-pediatric transplant hospitals with an active kidney transplant program that each performs 11 or more kidney transplants during each of the three baseline years before the start of the model are eligible for selection.
- Participants are incentivized to increase transplant rates and transplants for all groups of people, including groups who experience disparities in access, as well as improve post-transplant care.
- The model uses one-sided risk in performance year one and two-sided risk beginning performance year two. Based on its final performance score and in addition to the regular fee-for-service (FFS) payment, a participating transplant hospital will either receive a payment from CMS, owe a payment back to CMS, or neither receive nor owe a payment. The maximum positive payment per Medicare FFS transplant under the model (the upside risk payment) is \$15,000. The maximum negative payment per Medicare FFS transplant under the model (the downside risk payment) is \$2,000. CMS calculates this performance score based on a set of metrics in three domains:

Domain	Total Points	Metrics in Domain
<b>Achievement</b>	60	Number of adult kidney transplants (based on performance against a historical target)
<b>Efficiency</b>	20	Organ offer acceptance rate ratio
<b>Quality</b>	20	Post-transplant composite graft survival rate
Total Points Possible: 100		

## MODEL SUPPORT



### PEOPLE WITH KIDNEY DISEASE AND LIVING DONORS

- People receiving care from a participating transplant hospital may experience greater care coordination and access to care. For example, transplant hospitals might help more potential donors navigate the living donation process to increase their number of kidney transplants.
- Transplant hospitals in the model are provided flexibilities to address health-related social needs for people on waitlists, such as by removing barriers to care like lack of transportation.
- Patients receive a notice if their transplant hospital is participating in the model. These patients retain their freedom of choice to seek care from any Medicare provider and are not limited to their attributed transplant hospital.

CMS has determined that model participants may be eligible for protection under the federal anti-kickback statute safe harbor for CMS-sponsored model arrangements and patient incentives offered in compliance with applicable model and safe harbor requirements. Selected transplant hospitals in the Increasing Organ Transplant Access Model will have access to anti-kickback statute safe harbors to enable them to address barriers related to social determinants of health, such as transportation and attributed patients' out-of-pocket drug costs.

## INNOVATION CENTER STANDARD PROVISIONS

The rule for the Increasing Organ Transplant Access Model includes standard provisions that are applicable to the ESRD Treatment Choices model and all CMS Innovation Center mandatory models with a performance period that starts on or after January 1, 2025. The standard provisions address beneficiary protections, cooperation in model evaluation and monitoring, audits and record retention, rights in data and intellectual property, monitoring and compliance, remedial action, model termination by CMS, limitations on review, provisions on bankruptcy and other notifications, and the reconsideration review process. These standard provisions include terms that have been repeatedly memorialized, with minimal variation, in existing models' governing documentation. By adopting these standard provisions through rulemaking, the Innovation Center will increase transparency, efficiency, and clarity in the operation and governance of mandatory Innovation Center models, and avoid the need to restate the provisions in each model's governing documentation.

## MODEL CONTACT INFORMATION



Email the model team at [CMMItransplant@cms.hhs.gov](mailto:CMMItransplant@cms.hhs.gov).



Sign up for [email updates](#).



Visit the model webpage at <https://www.cms.gov/priorities/innovation/innovation-models/iota>.