OVERVIEW FACT SHEET

Increasing Organ Transplant Access Model

MODEL PURPOSE

The Increasing Organ Transplant Access (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 participating kidney transplant hospitals 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.
- Maximize the use of deceased donor kidneys.
- Identify more living donors and assist potential living donors through the donation process.
- Improve the efficiency of the transplant system.
- Improve care coordination and patient-centeredness in the kidney transplant process.
- Reduce Medicare expenditures.

MODEL APPROACH

The IOTA 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.

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MODEL TIMELINE

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

PERFORMANCE YEAR	PY1	PY2	PY3	PY4	PY5	PY6
6-YEAR MODEL	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 selected 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 in PY1. Ninety-five hospitals were selected to participate in PY2. The other half will serve as the comparison group for evaluation purposes.
- Non-pediatric transplant hospitals with an active kidney transplant program that each perform 15 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 as well as improve post-transplant care.
- The model uses one-sided risk in PY1 and two-sided risk in PY2. Based on its final performance score and in addition to the regular fee-for-service (FFS) or Medicare Advantage (MA) 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 and MA kidney 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
Achievement	60	Number of adult kidney transplants (based on performance against a historical target)
Efficiency	20	Organ offer acceptance rate ratio
Quality	20	Post-transplant composite graft survival rate
	Total Points Possible: 100	

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MODEL SUPPORT

PEOPLE WITH KIDNEY DISEASE AND LIVING DONORS

- People receiving care from a participating kidney transplant hospital may experience greater care coordination and access to care. For example, participating kidney transplant hospitals might help more potential donors navigate the living donation process to increase their number of kidney transplants.
- Patients who are Medicare beneficiaries receive a notice if their kidney 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 kidney transplant hospitals in the IOTA Model will have access to Anti-Kickback Statute safe harbors to enable them to address such things as transportation barriers and attributed patients' out-of-pocket drug costs.

INNOVATION CENTER STANDARD PROVISIONS

The 2024 final rule for the IOTA 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.

Sign up for email updates.

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