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 proposed mandatory model that would aim to increase access to life-saving kidney transplants for patients living with kidney disease and reduce Medicare expenditures. The model design would support greater care coordination and improved outcomes for people living with kidney disease and increase equitable access to kidney transplants. CMS would partner with transplant hospitals selected to participate in the model to support their success.

MODEL GOALS

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

Maximize the use of deceased donor kidneys.

Improve quality of care before, during and after transplantation.

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

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

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

Reduce Medicare expenditures.

MODEL APPROACH

The Increasing Organ Transplant Access Model would be a mandatory six-year model that aligns with wider efforts of the Department of Health and Human Services' Organ Transplant Affinity Group (OTAG) to improve equitable access to organ transplants, improve accountability in U.S. organ transplantation system, and increase the availability and use of donated organs. The model would hold selected transplant hospitals accountable through upside and downside performance-based payments and includes requirements to address health equity and transparency. CMS is proposing the model through rulemaking and is seeking public comment.

Increasing Organ Transplant Access Model

PROPOSED MODEL TIMELINE

The model would be a six-year mandatory model with a proposed start date of January 1, 2025.

	May-December 2024	2025	2026	2027	2028	2029	2030
Model Year		MY1	MY2	MY3	MY4	MY5	MY6
	Rulemaking	PY1	PY2	PY3	PY4	PY5	PY6

MODEL PARTICIPATION

TRANSPLANT HOSPITALS

- CMS would select approximately half of the donation service areas (DSAs) and all eligible kidney transplant hospitals therewithin to participate in the mandatory model. The other half would serve as the comparison group for evaluation purposes.
- Non-pediatric transplant hospitals with an active kidney transplant program that perform 11 or more kidney transplants during each of the three baseline years before the start of the model would be eligible.
- Participants are encouraged to increase transplant rates and transplants for groups of people who experience disparities in access, as well as improve post-transplant care.

Transplant hospitals selected for participation would receive upside risk payments from CMS, fall into a neutral zone, or owe downside risk payments to CMS, based on a final performance score that would be calculated on a set of metrics in three proposed domains. The maximum positive payment per Medicare fee-for-service (FFS) transplant under the model (the upside risk payment) would be $8,000. The maximum negative payment per Medicare FFS transplant under the model (the downside risk payment) would be $2,000.

Domain	Total Points	Metrics in Domain
Achievement	60	Number of adult kidney transplants (based on performance against a historical target) with a health equity performance adjustment
Efficiency	20	Organ offer acceptance rate ratio
Quality	20	Post-transplant composite graft survival rate
		CollaboRATE Shared Decision-Making Score (CBE ID:3327)
		Colorectal Cancer Screening (COL) (CBE ID: 0034)
		Three-Item Care Transition Measure (CTM-3) (CBE ID: 0228)
	Total Points Possible: 100	

Increasing Organ Transplant Access Model

MODEL SUPPORT

PEOPLE WITH KIDNEY DISEASE AND LIVING DONORS

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

HEALTH EQUITY STRATEGY

Access to organ transplantation can vary by such factors as race, ethnicity, disability and socio-economic status. Transplants, particularly living donor transplants, are much more common for people with private insurance. The proposed model includes a health equity performance adjustment that gives a participating transplant hospital 1.2 times its score in the achievement domain for a transplant performed for a person in a pre-defined, low-income population. By adding focus on specific populations that are currently less likely to receive a transplant, the model would aim to increase access to organ transplantation so that it is a more viable option for all patients with end-stage renal disease.

INNOVATION CENTER STANDARD PROVISIONS

The proposed rule for the Increasing Organ Transplant Access Model includes standard provisions that would be applicable to all CMS Innovation Center models with a performance period that starts on or after January 1, 2025. These proposed revisions have been memorialized repeatedly in models' governing documentation. By adopting these proposed revisions through rulemaking, the Innovation Center is aiming to increase efficiency in the clearance process, as well as public transparency. The proposed 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.

MODEL CONTACT INFORMATION

Email: CMMItransplant@cms.hhs.gov