



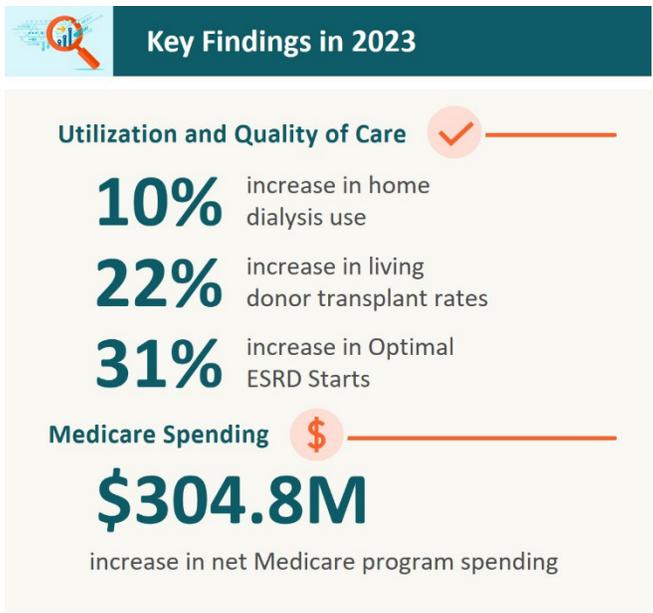
Executive Summary

Second Evaluation Report

The Centers for Medicare & Medicaid Services (CMS) Center for Medicare and Medicaid Innovation launched the Kidney Care Choices (KCC) Model on October 15, 2020, and the first performance year started on January 1, 2022. The KCC Model is voluntary and aims to slow the progression of chronic kidney disease (CKD) and incentivize kidney transplantation, while also reducing Medicare expenditures and preserving or enhancing the quality of care for patients with advanced CKD and end-stage renal disease (ESRD).

CMS designed the KCC Model and the mandatory ESRD Treatment Choices (ETC) Model to work in concert, with the goals of engaging participating providers and patients by creating incentives spanning a range of clinical opportunities for improvement. The key design features of the KCC Model include voluntary provider participation, various payment incentives, and differing levels of risk.

CMS contracted with The Lewin Group to conduct an independent evaluation of the KCC Model. This executive summary highlights findings from the second evaluation report, focused on the second performance year (2023).



Model Overview

- **Performance period:** Jan. 2022–Dec. 2027
- **Goals:** Slow the progression of CKD, increase home dialysis use, increase the number of kidney transplants, improve the quality of care, and reduce Medicare spending
- **Participants:** Nephrologists and nephrology practices (plus partners such as transplant providers and dialysis facilities) that volunteered to join the model in Jan. 2022 or Jan. 2023
- **Patients:** Medicare fee-for-service patients with CKD Stage 4 or 5, with ESRD, or who have received a kidney transplant
- **Model options:** CMS Kidney Care First (KCF) and Comprehensive Kidney Care Contracting (CKCC)
- **Model design:** Payment and quality incentives for providers to better manage care for Medicare patients with advanced CKD and ESRD, including accountability for total cost of care



Second Evaluation Report: What's New?

- Additional payment, quality of care, and transplant measures
- New analyses focused on the model's impact on patient subgroups
- Takeaways from patient-reported care experiences and quality of life surveys
- Insights about model implementation from participant interviews and site visits

Note: We assessed the KCC Model's impact (relative to a matched comparison group and pre-KCC means) in 2023 on outcomes relevant to model goals. All impact estimates in this executive summary are significant at or below the 10% level.

More than 90% of KCC participants chose to partner with other providers to deliver coordinated kidney care under the CKCC model option.

Because KCC is a voluntary model, understanding how providers self-select to participate is important for interpreting model impacts. The KCC Model consists of a first cohort of participants that started performance in 2022 and a second cohort that joined in 2023.

Nephrology practices and their nephrology professionals can elect to participate in the KCF model option or the CKCC model option. Under CKCC, nephrology practices team up with transplant providers and optional partners such as dialysis facilities to form Kidney Contracting Entities (KCEs). The KCEs work together to provide coordinated care for patients with CKD Stage 4 or 5 and ESRD. In 2023, there were 30 KCF Practices and 100 KCEs. About 7% of nephrology professionals participating in KCC were in the KCF model option, while the vast majority (93%) chose to join the CKCC model option.



More than half of the 100 KCEs were partnered with an integrated kidney care organization, also called care coordination organizations. Site visit participants reported that these organizations provide numerous services to nephrology practices that include care coordination, patient education, and analysis of practice data to assess opportunities to improve performance across clinical metrics used in value-based care programs.

The 550 nephrology practices participating in the KCC Model in 2022 or 2023 provided services in 44 states and Washington, DC, with increased participation in the Midwest and West with the addition of the second cohort.

In line with model aims, the KCC Model led to increased home dialysis use and decreased in-center dialysis use.

A key goal of the KCC Model is to increase the rate of home dialysis use among patients with ESRD. Growth in utilization of home dialysis is directly incentivized through the Home Dialysis True-Up, which increases payments for managing home dialysis patients on par with payments for managing in-center dialysis patients. In interviews and site visits, participants reported investing in and enhancing dialysis modality education for patients to promote awareness and use of home dialysis.

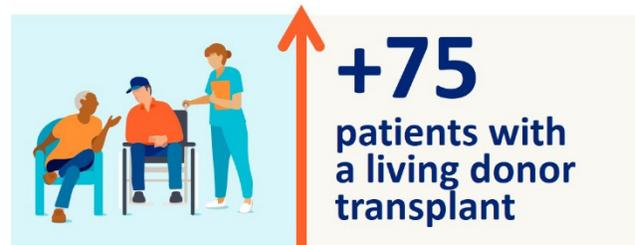
The evaluation assessed whether the KCC Model led to changes in dialysis modality and other outcomes relative to a matched comparison group and pre-KCC levels. In-center dialysis is the predominant dialysis modality, but home dialysis can offer patients more flexibility and independence than in-center hemodialysis. Under the KCC Model, home dialysis use increased while in-center hemodialysis use declined in 2023. In aggregate, the KCC Model increased home dialysis use by 10%.



Living donor transplant rates and preemptive transplant waitlisting improved under the KCC Model.

The KCC Model encourages increased kidney transplantation through various mechanisms, including participant accountability for the total cost of care in the CKCC model option; the Optimal ESRD Starts quality measure, which is tied to payment; and a bonus that participants can receive for successful transplants.

In 2023, living donor transplant rates increased by 22% under the KCC Model. Rates of overall, deceased donor, and preemptive transplants—transplants that occur before patients progress to dialysis—were not affected.



Although there was no change in overall waitlisting under the KCC Model in 2023, preemptive waitlisting—registration on the transplant waitlist before a patient needs to start dialysis—increased by 37%.

KCC patients are better prepared to select an ESRD treatment option.

For patients who progress to ESRD, a key objective is facilitation of an “Optimal ESRD Start,” or the percentage of new patients with ESRD who initiate kidney replacement treatment in one of three ways: starting home dialysis, starting in-center dialysis with a preferred form of vascular access, or receiving a preemptive transplant. The KCC



incentives for higher-quality care and patient education could mean patients are more likely to have an Optimal ESRD Start.

The proportion of patients with an Optimal ESRD Start increased under the KCC Model in 2023 by 31%. KCE participants reported that providing more robust ESRD treatment modality education and using staff from integrated kidney care organization partners to follow up with patients after modality education were key to helping with decision-making and ensuring an optimal start. Among those responding to the CKD Patient Experience of Care Survey, a higher percentage of KCC patients reported receiving information about the range of ESRD treatment options from their providers than comparison patients (difference in scores of 5.4 percentage points).

“Front and center right now for us is the ability for our patients to transition [to ESRD] optimally ... We have pretty tangible data that lets us know that we're really making improvements there.”

“

– KCE Participant

Educating patients about their disease and treatment options could also improve their “activation,” or the ability to manage their health and health care. In 2023, KCC patients’ scores on the Patient Activation Measure (PAM) increased from the first to the last PAM survey.

Despite these improvements in quality measures and patient activation, the model was not associated with meaningful improvements in quality of life for KCC patients, according to the Patient Quality of Life Survey.

The model led to an increase in net Medicare spending, driven by incentive payments to participants.

We analyzed several measures of costs in key areas where we might see changes given the model’s financial incentives to increase home dialysis, increase transplants, and improve quality of care. Overall, the KCC Model did not have a statistically significant impact on total Medicare Parts A and B payments. However, the model increased Medicare spending by \$304.8 million. Most of this spending increase stems from incentive payments to participants.

CMS recently announced updates planned for the KCC Model, including adjustments to the financial methodology and participation options.¹ For example, the bonus payment to participants for successful transplants will no longer be available for transplants performed in 2026 and beyond. These upcoming changes could improve model sustainability by reducing the incentive payments to participants.

¹ Centers for Medicare & Medicaid Services. (2025). *Kidney Care Choices Model Performance Year 2026 model update – quick reference*. <https://www.cms.gov/kidney-care-choices-model-performance-year-2026-model-update-quick-reference>

About This Document

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Interested in learning more?

In addition to this summary, the following resources are available for a quick snapshot of key findings or to dive deep into the Performance Year 2023 evaluation:

- [Findings at a Glance | 2 pages](#)
Concise visual summary of key findings
- [Summary of Findings | 23 pages](#)
High-level snapshot of evaluation results
- [In-Depth Report | 45 pages](#)
Comprehensive evaluation findings and methodology