

Kidney Care Choices (KCC) Model

Introduction to the Comprehensive Kidney Care
Contracting (CKCC) Options

CMS/CMMI
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Kidney Care Choices (KCC) Builds on Comprehensive ESRD Care (CEC) Model

Comprehensive ESRD Care (CEC) Model

- CEC Model began in October 2015 and will run through December 31, 2020.
- Accountable Care Organizations (ACOs) formed by dialysis facilities, nephrologists, and other Medicare providers and suppliers work together with the goal to improve outcomes and reduce per capita expenditures for aligned ESRD beneficiaries.
- Results for the Model showed lower spending relative to benchmark group and improvements on some utilization and quality measures.



Kidney Care Choices (KCC) Model

- The KCC Model will begin in 2020 and will run through 2023 with the option for CMMI to extend the Model for one or two additional years.
- Single set of providers and suppliers responsible for patient's care from CKD Stages 4,5 through dialysis, transplantation, or end of life care.

KCC Model Will Improve on CEC

Goals of KCC:

- Later and better starts on dialysis for beneficiaries with CKD.
- Better coordination of care for beneficiaries with CKD and ESRD to reduce total cost of care.
- More beneficiaries receiving kidney transplants and staying off of dialysis for longer.
- Offering different financial risk options for nephrologists and other providers and suppliers to take on financial accountability.

KCC will include:

- Beneficiaries across the full spectrum of kidney disease including CKD Stages 4, 5 and ESRD, as well as beneficiaries who receive kidney transplants.
- Nephrologist payment reforms.
- Additional Medicare benefit enhancements.

Overview of the KCC Model Options

Focus
For
Today

| Payment Options | Overview | Participants |
|---------------------------------------|--|---|
| Kidney Care First (KCF) Option | Based on the Primary Care First (PCF) Model – nephrology practices will be eligible to receive bonus payments for effective management of beneficiaries | Nephrologists/nephrology practices only |
| CKCC Graduated Option | Based on existing CEC Model One-Sided Risk Track – allowing certain participants to begin under a lower-reward one-sided model and incrementally phase in risk and additional potential reward | Must include nephrologists and nephrology practices; may also include transplant providers, dialysis facilities, and other kidney care providers on an optional basis |
| CKCC Professional Option | Based on the Professional Population-Based Payment option of the Direct Contracting Model – with 50% of shared savings or shared losses in the total cost of care for Part A and B services | |
| CKCC Global Option | Based on the Global Population-Based Payment option of the Direct Contracting Model – with risk for 100% of the total cost of care for all Part A and B services for aligned beneficiaries | |



KCC Model Timeline and Next Steps

- The Model will run from approximately March 1, 2020 through December 31, 2023, with the option for CMS to extend the Model for one or two additional years.
 - Selected providers and suppliers will begin Model participation in 2020 with a focus on building necessary care relationships and infrastructure.
 - Payment adjustments will begin in 2021.
- CMS released the Request for Applications in October 2019 and applications are due January 22, 2020.

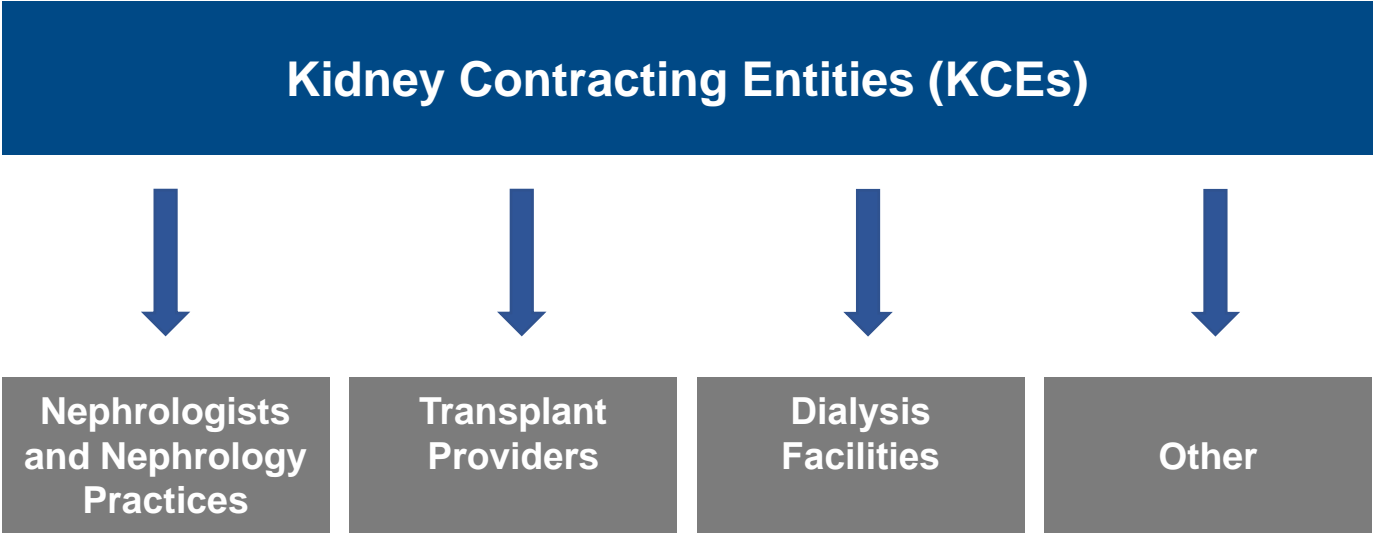
More information will be available at the [KCC Model website](#). Sign up via email and follow CMS on Twitter (@CMSinnovates).

Structure and Governance

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Legal Structure of the CKCC Options



KCEs must include: at least one nephrologist or nephrology group practice, and at least one transplant provider.

- Legal Entity & Contracting Requirements**
1. Receiving and distributing shared savings payments or payments received from CMS under the KCC Model's alternative payment mechanisms.
 2. Collecting and repaying shared losses, if applicable.
 3. Establishing reporting mechanisms and ensuring KCC participant compliance with program requirements, including but not limited to reporting on quality measures.
 4. Securing a financial guarantee, if applicable.

Kidney Contracting Entity (KCE) Participant Eligibility

KCEs participating in a CKCC option of the KCC Model must meet all of the following requirements for the duration of their participation in the model:

Be a Medicare-enrolled provider or supplier by a date specified by CMS.

Be located in no more than four core-based statistical areas (CBSAs), with permissible inclusion of some rural counties.

Have agreements in place with the KCE participants that satisfy the requirements of the KCC Model Participation Agreement.

Use 2015 Edition Certified EHR Technology, including secure messaging, transition of care document exchange and standards-based APIs to eliminate the use of faxes for health information exchange, and connect to their regional health information exchange (HIE).

KCE Governing Structure Requirements

The KCE governing body must be structured as follows:

- Decision-making must be KCE participant-driven, and KCE participants have at least 75% control of the governing body
- Nephrologists or representatives of nephrology practices must be 30% of the governing body membership
- Members of the governing body must place their fiduciary duty to the KCE before the interests of any participants, individuals or entities and act consistently with this fiduciary duty
- The governing body must include at least one member who is an employee or executive of a transplant provider
- Must ensure representation of patient interests by including an independent Medicare beneficiary with CKD or ESRD as a member and a trained /or experienced non-affiliated, independent consumer advocate on the governing body, without a conflict of interest.

Alignment and Beneficiary Eligibility

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Beneficiary Alignment Basics

Alignment for CKD Stage 4 & 5 and ESRD Beneficiaries:

- Beneficiaries are aligned to a KCE based on nephrologist visits.
 - This alignment method prioritizes the nephrologist relationship as the most important one for beneficiaries with advanced CKD or ESRD.
 - CMS believes this protects the continuity of care from treating a beneficiary with CKD 4 or 5 with the same nephrologist who would then be treating them if they progress to ESRD.
- Alignment will be based on beneficiary claims.

Alignment for Transplant Beneficiaries:

- When an aligned beneficiary receives a kidney transplant, they will remain aligned to the KCE for three years from the month of transplant, while the transplant is viable.
- If the transplant fails, the beneficiary may become aligned as a CKD or ESRD beneficiary.

Beneficiary Eligibility Criteria

To be eligible for alignment and remain aligned for a performance year, all beneficiaries must:

- Have late stage CKD (stage 4 or 5), ESRD or be a transplant recipient previously aligned
- Be enrolled in Medicare A and B and NOT in a Medicare Advantage plan, cost plan, or other Medicare managed care plan
- Reside in the United States
- Have a plurality of their Monthly Capitation Payments (MCP) billed in the KCE's market area (ESRD beneficiaries only)
- Have a plurality of their CKD care in the KCE's market (CKD beneficiaries only)
- NOT have Acute Kidney Injury (AKI)
- NOT have already been aligned to a Medicare program/demonstration/model involving shared savings at the date of alignment
- Must NOT have Medicare as a secondary payer.
- Be aged 18 and above and NOT deceased

Beneficiary Alignment Timeline

- KCEs will receive a list at the start of the year with the beneficiaries whose care they will be accountable for based on visits in the past year.
- Newly eligible beneficiaries will then be added to a KCE's alignment list quarterly.
- Beneficiary eligibility will be considered on a monthly basis, but will be updated quarterly with the updated alignment list.
- Alignment will be as prospective as is feasible, but a final retrospective reconciliation will occur after each performance year.
- Beneficiaries will be removed on an annual basis during reconciliation for eligibility purposes, such as not receiving care from a KCE nephrologist, or receiving the majority of care outside of the market area.

Minimum Number of Aligned Beneficiaries

A KCE is required to have a minimum of 1,000 beneficiaries with late stage CKD and 350 beneficiaries with ESRD estimated aligned throughout the life of the Model based on a defined look-back period prior to the start of the performance year.

Beneficiary Alignment Summary Table

| | Beneficiaries with CKD | Beneficiaries with ESRD | Beneficiaries who Receive Kidney Transplants |
|----------------------------------|---|---|---|
| Aligning KCE Participant | Nephrologist | Nephrologist | N/A – Must have been previously aligned by virtue of CKD or ESRD |
| Criteria for Alignment | Diagnosis of CKD Stage 4 or 5; 2 or more Evaluation & Management (E&M) visits within a 6 month period with a KCE nephrologist | Diagnosis of ESRD; 2 or more Monthly Capitation Payment (MCP) visits within a 3 month period with a KCE nephrologist | Being previously aligned to the KCE as a CKD or ESRD beneficiary and receiving a kidney transplant |
| Criteria for De-Alignment | Beneficiaries no longer meet the criteria for alignment; receiving the majority of E&M visits from a non-KCE nephrologist, from a different KCE nephrologist in the market area, or outside the KCE market area | Beneficiaries no longer meet the criteria for alignment; receiving the majority of MCP visits from a non-KCE nephrologist, from a different KCE nephrologist in the market area, or outside the KCE market area | Beneficiaries no longer meet the criteria for alignment; kidney transplant failure (the beneficiary may be aligned as a CKD or ESRD beneficiary post-transplant failure if the applicable requirements for alignment are met) |

Benefit Enhancements

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KDE Benefit Enhancement

Medicare currently covers up to six 1-hour sessions of kidney disease education (KDE) services for beneficiaries with Stage IV CKD. The KCC model will be waiving certain KDE requirements as education is a crucial component to increasing rates of transplants, implementing successful home dialysis, and delaying the onset of ESRD. The following requirements will be waived:

- Waives requirement that KDE be performed by a physician, physician assistant, nurse practitioner, or clinical nurse specialist to allow qualified clinicians to bill for the benefit who are not otherwise allowed
- Extends eligibility for KDE from just Stage IV CKD patients to beneficiaries with CKD Stage V and those in the first 6 months of ESRD
- Allows the topic of delaying initiation of dialysis to be covered “as applicable” rather than mandated, as it will not be relevant to beneficiaries with ESRD.
- Allow the required outcomes assessment be conducted during a subsequent evaluation and management visit with the nephrologist instead of within one of the six KDE sessions.

Other Benefit Enhancements for KCEs

Telehealth

- Waives requirement that beneficiaries be located in rural area for telemedicine to be furnished
- Assists beneficiaries dialyzing at home, potentially lowering risk for infection for immunocompromised persons and older adults

3-Day SNF Rule Waiver

- Under current SNF 3-Day rule, beneficiaries must complete a 3-day stay at an inpatient facility prior to being eligible for coverage of a SNF admission.
- KCC aims to avoid potentially unnecessary hospital stays when a beneficiary only needs a SNF level of care.

Post-Discharge Home Visit

- Allows auxiliary personnel to furnish in-home services after a discharge from a hospital under the general supervision (rather than direct supervision) of the physician or non-physician practitioner

Home Health

- Waives the “confined to his home” requirement for utilizing home health services.

For More Information on CKCC

- Sign up for our [KCC listserv](#)
- Visit the website at <https://innovation.cms.gov/initiatives/kidney-care-choices-kcc-model/>
- Apply at the RFA Online portal at <https://app1.innovation.cms.gov/KCC/>
- Follow us on Twitter at @CMSinnovates
- For any questions, please email the KCC Model team: KCF-CKCC-CMMI@cms.hhs.gov