

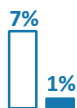
Kidney Care Choices Model: CKCC Options



The Comprehensive Kidney Care Contracting (CKCC) Options are a set of three voluntary payment options under the Kidney Care Choices (KCC) Model designed to reduce Medicare expenditures while preserving or enhancing the quality of care furnished to beneficiaries with late-stage chronic kidney disease (CKD) and end-stage renal disease (ESRD). The CKCC Options build on the design of the existing [Comprehensive End-Stage Renal Disease Care \(CEC\) Model](#) and of the new [Direct Contracting Models](#).



Approximately 37 million patients suffer from chronic kidney disease, and more than 726,000 patients have end-stage renal disease (ESRD).¹



ESRD treatment accounts for over 7% in Medicare spending, but only 1% of Medicare beneficiaries have ESRD.²



1 out of 5 patients who begin dialysis to treat ESRD die within one year.³

CKCC Participation



Interested Stakeholders Apply to CKCC

Eligible participants are Kidney Contracting Entities (KCEs), which must include nephrologists or nephrology practices and transplant providers, and may include dialysis facilities and other providers and suppliers. **Interested stakeholders will apply to one of the following three accountability frameworks depending on the risk they want to assume:**



Graduated Option: Allows participants to begin under a lower-reward, lower-risk model and incrementally phase in to greater risk and greater potential reward.



Professional Option: Participants have the opportunity to earn 50% of shared savings or be liable for 50% of shared losses based on the total cost of care for Medicare Part A and Part B services.



Global Option: Participants take on risk for 100% of the total cost of care for all Medicare Part A and Part B services for aligned beneficiaries.



Trump Administration Goals

- ✓ Delay the progression of CKD to ESRD
- ✓ Support beneficiary transitions onto dialysis
- ✓ Support beneficiaries through the transplant process
- ✓ Keep beneficiaries healthy post-transplant



Participants Deliver Coordinated, Cost-Effective Care

KCEs will be responsible for eligible beneficiaries' kidney care from late stage CKD or ESRD through dialysis, kidney transplantation and post-transplant care. Eligible Medicare beneficiaries include those who:

- Have CKD stages 4 or 5
- Have ESRD and are receiving maintenance dialysis
- Were aligned to a KCE by virtue of their CKD or ESRD and then receive a kidney transplant



Participants Receive Payment Based on Risk Assumed

KCEs will take responsibility for the total cost and quality of care for their aligned beneficiaries, and can receive a portion of Medicare savings achieved. There are four types of key payment mechanisms under CKCC. The first three mechanisms will also be used under the Kidney Care First (KCF) Option, whereas the fourth mechanism is unique to CKCC.

1

Adjusted Monthly Capitated Payment (AMCP):

To equalize payments for managing a beneficiary who dialyzes at home and payments for managing an in-center dialysis beneficiary.

2

CKD Quarterly Capitated Payment (CKD QCP):

To manage aligned CKD stage 4 and 5 beneficiaries equivalent to monthly AMCP for aligned ESRD beneficiaries.

3

Kidney Transplant Bonus (KTB):

Up to \$15,000 paid out over three years for every successfully transplanted beneficiary whose transplant stays healthy.

4

Shared Savings / Shared Losses:

Based on total cost of care expenditures compared to prospective benchmarks.



The CKCC options are expected to run from Spring 2020 through December 31, 2023 with the option for up to 2 additional years. Interested stakeholders may apply in the fall of 2019. For more details on the timeline for CKCC, please refer to the [KCC Model Infographic](#).

For more information on the Kidney Care Choices Model, please visit: <https://innovation.cms.gov/initiatives/voluntary-kidney-models/>

For questions about the CKCC Options, please email KCF-CKCC-CMMI@cms.hhs.gov

¹ Centers for Disease Control and Prevention. Chronic Kidney Disease in the United States, 2019.

² United States Renal Data System. Annual Data Report, 2018; Volume 2, Chapter 9: Healthcare Expenditures for Personas with ESRD.

³ United States Renal Data System. Annual Data Report, 2018; Volume 2, Chapter 9: Healthcare Expenditures for Personas with ESRD.