



OVERVIEW OF MODELS TO TRANSFORM KIDNEY HEALTH

The Centers for Medicare & Medicaid Services (CMS) is proposing five models through the CMS Innovation Center to transform and advance American kidney health. The kidney models will provide more choices and improve the quality of life for kidney disease patients, encourage dialysis treatment at home, aim to prevent kidney failure, and improve health outcomes.

What is the proposed required kidney model and how do I comment?

Proposed End-Stage Renal Disease (ESRD) Treatment Choices (ETC) Model – Required (1 Model)

- Encourages greater use of home dialysis and kidney transplants for Medicare beneficiaries with ESRD, while reducing Medicare expenditures and preserving or enhancing the quality of care furnished to beneficiaries with ESRD.
- Incentivizes facilities and clinicians to work with beneficiaries and caregivers in the choice of treatment modality by adjusting payments to ESRD facilities, nephrologists, and other clinicians managing beneficiaries receiving dialysis.
- Requires participation in certain regions covering approximately half of Medicare beneficiaries with ESRD, in order to engage a broad set of ESRD care providers and to improve the generalizability of the model's evaluation.
- Seeking comment as part of a CMS proposed rule on specialty care models (CMS-5527-P), which can be viewed at: <https://www.federalregister.gov/public-inspection/>. Public comments on the proposed rule are due no later than 5 p.m. Eastern Standard Time on September 16, 2019.

What are the four new voluntary Models and what participation options are available for organizations interested in joining?

Kidney Care First (KCF) Model – Voluntary (1 Model)

- Delays the initiation of dialysis by providing incentives for preventing kidney disease and encouraging kidney transplantation.
- Includes only nephrologists and nephrology practices, subject to meeting certain eligibility requirements.
- KCF practices receive adjusted capitated payments for managing care of aligned beneficiaries with CKD Stage 4 and 5, and unified amounts for those on dialysis.
- KCF practices will also receive a bonus payment for every aligned beneficiary who receives and maintains a kidney transplant, and they can qualify as Advanced APM participants.

Comprehensive Kidney Care Contracting (CKCC) Models – Voluntary (3 Models)

- Delays the initiation of dialysis by giving entities capable of taking on advanced risk incentives for preventing kidney disease and encouraging kidney transplantation.
- May include nephrologists, nephrology practices, transplant providers, and, on an optional basis, dialysis facilities and other kidney care providers.
- The Comprehensive Kidney Care Contracting (CKCC) Models will have three distinct payment options:
 - Graduated Model: Based on the existing Comprehensive ESRD Care (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.
 - Professional Model: Based on the Professional Population-Based Payment option of the Direct Contracting Model – with 50% of shared savings or losses in the total cost of care for Part A and B services.
 - Global Model: 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.