



Kidney Care Choices (KCC) Model: CMS Kidney Care First (KCF) Model Option

Frequently Asked Questions

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General Questions

Q. What is the general timeline for the KCC Model?

The KCC Model performance period began on January 1, 2022, and will continue through December 31, 2026. CMS solicited applications for the first cohort of KCC Model participants in October 2019. The first cohort of KCC Model participants began their participation in the Model performance period on January 1, 2022. CMS is now soliciting applications for a second cohort of KCC Model participants to begin participation on January 1, 2023.

CMS invites interested applicants to submit their applications to CMS by March 25, 2022. If selected to participate in the Model, the second cohort of KCC Model participants would begin Model participation on January 1, 2023, after executing performance period participation agreements that will set forth the terms of the KCF Option or the CKCC Options of the KCC Model, as applicable. The performance period participation agreements for these KCC Model participants will have a term of four Performance Years (PYs) (2023, 2024, 2025, and 2026). CMS does not plan to conduct any further solicitations for KCC Model participants.

Q. Where can I find the slides from the CMS Kidney Care First (KCF) Option Overview Webinar?

The webinar recording and slides are posted on the KCC web page at <https://innovation.cms.gov/initiatives/kidney-care-choices-kcc-model> . The slides provide more information on beneficiary alignment and payment adjustments.

Q. What are some of the enhancements available?

As part of the CMS Kidney Care First (KCF) Model Option, the Centers for Medicare & Medicaid Services (CMS) has included a number of benefit enhancements including Kidney Disease Education (KDE), telehealth, post-discharge home visit, home health, and Skilled Nursing Facility (SNF) 3-Day Rule waivers.

Q. When do payments and enhancements begin?

For Performance Year (PY) 2023 starters, capitated payment adjustments will begin January, 2023, the Performance-Based Adjustment (PBA) for the KCF option begins July 1, 2024. The CKD Quarterly Capitation Payment will be paid at the beginning of the quarter.

Q. Is the KCF model an Advanced APM?

KCF Option is a Merit-based Incentive Payment System (MIPS) Alternative Payment Model (APM) and an Advanced Alternative Payment Model (Advanced APM) beginning in 2022.

Q. What if I have questions not covered in this document?

Please reference the [KCC Request for Applications \(RFA\)](#) or email the KCC help desk at KCF-CKCC-CMMI@cms.hhs.gov .

CMS Kidney Care First (KCF) Eligibility

Q. Who can participate?

Nephrology practices are the only entities eligible to apply for the KCF Option. KCF Practices include nephrology professionals, which refers collectively to nephrologists and non-physician clinicians – such as Nurse Practitioners and Physician Assistants – who specialize in nephrology or primarily provide nephrology services. Dialysis facilities and other non-nephrologist supplier and provider types cannot to participate in the KCF Option.

Nephrology professionals in KCF Practices must meet all of the following requirements for the duration of their participation in the Model:

- Must be enrolled in Medicare.
- Must have an NPI associated with a primary taxonomy/specialty in kidney health and the treatment of kidney diseases or self-identify as nephrology professionals for the purposes of this Model.

For the purposes of this model, participants must self-identify as nephrologists. CMS will verify this information against the Provider Enrollment, Chain and Ownership System (PECOS), or through other means, including claims data. The Nephrology practice will be identified by the Tax Identification Number (TIN)/National Provider Identifier (NPI) combination, and then the nephrologists in that practice will be identified by their individual NPIs.

Q. Do applicants need to be a Medicare-enrolled provider or supplier to participate?

Yes, applicants to the KCF Model Option must be Medicare-enrolled entities (i.e., a physician practice or professional corporation) that bill Medicare for physician services rendered by one or more nephrology professionals to participate.

Q. Can KCF participants participate in another shared savings initiative at the same time?

Nephrology professionals participating in the KCF Option may not participate contemporaneously in a KCE or in more than one KCF Practice because CMS uses participating nephrology professionals to align beneficiaries. A nephrology practice may apply to participate in both the KCF Option and one of the CKCC Options for 2023. However, if selected for participation in both the KCF Option and one of the CKCC Options, the practice will have to decide whether to participate in either the KCF Option or one of the CKCC Options by June 1, 2022.

KCF Nephrology Professionals and KCF Practices (collectively known as KCF Participants) and beneficiaries aligned to a practice participating in the KCF Option, will be able to overlap with an ACO participating in the Medicare Shared Savings Program. However, KCF Practices participating in both the KCF Option and a Shared Savings Program ACO are required to have a written statement signed by a representative of the leadership of the ACO acknowledging that the KCF Practice's simultaneous participation in the KCF Option may impact the ACO's total expenditure calculations under the Shared Savings Program. KCF Participants will not be allowed to simultaneously participate in other ACO initiatives or models.

KCF Practices and their KCF Participants are not permitted to simultaneously participate in the Independence at Home Demonstration (IAH), Primary Care First (PCF) Model, or Vermont All-Payer ACO Model. For the Maryland Total Cost of Care Model (MD TCOC), KCF Participants may simultaneously participate in the Maryland Hospital Payment Program (MDHPP) and Care Redesign Program (CRP) options, but not the Maryland Primary Care Program (MDPCP). CMS will use the KCF Practice's TIN to check whether the KCF Practice is also participating in the Shared Savings Program, while all other initiatives are checked using both the TIN and NPIs of the KCF Practice's nephrology professionals.

Q. Can the patient have Medicare as primary and have a secondary insurance and be in the KCC Model?

Yes. However, Medicare cannot be the secondary payer.

Q. Can participants in the mandatory End-Stage Renal Disease (ESRD) Treatment Choices (ETC) Model also participate in the KCF Model Option?

Nephrologists selected for ETC can participate in KCF. Participation in KCF does not exempt nephrologists and nephrology practices from participation in ETC.

Q. Do KCF participants need to be recognized as a legal entity in the state in which they are located?

A KCF Practice can be governed through the existing organizational structure of the practice, as long as the existing structure is a single legal entity authorized to undertake the activities required under the applicable KCF Participation Agreement and meets the requirements stated in this RFA. A separate governing body or governance structure is not required for participation in the KCF Option.

Q. Do all providers under one organizational TIN need to participate, or can providers participate in different models?

A practice is defined as all individual National Provider Identifiers (NPIs) billing under a single TIN at a practice site's physical address. Other nephrologists not participating in the KCF Model Option are able to participate in other models/programs.

Q. My practice is classified as "multi-specialty." Can my practice still participate in the KCF Option?

CMS encourages participation by practices of all size, including multispecialty practices so as long as they meet the KCC Model's policies and requirements for participation.

Q. Can providers apply to and participate in both the KCF Option and CKCC Option?

Nephrologists participating in the KCF Option are not eligible to participate contemporaneously in a KCE, as the services they furnish will be used for purposes of aligning beneficiaries to their KCF practice. A nephrology practice may apply as both a KCF practice and a KCE participant or KCE Preferred Provider. If both applications are accepted, the practice would have to ultimately decide its participation pathway (KCF or CKCC) before signing a Participation Agreement. The nephrology practice's decision could have an impact on the eligibility of the KCE if the nephrology practice was the only nephrology participant in the KCE.

Q. What are some of the additional requirements for KCF Practices?

The following is a list of Model policies and requirements that practices must meet in order to participate in the KCF Option and for the duration of their participation:

- A practice is defined as all individual National Provider Identifiers (NPIs) for nephrology professionals billing under a single TIN, which can include practices with a main billing address, but multiple physical locations;
- The practices will need to demonstrate that at least 50% of the practice’s total Medicare payments from the previous 12 months comes from nephrology services furnished by nephrologists to beneficiaries with CKD Stages 4 or 5, beneficiaries with ESRD, or beneficiaries with a functioning kidney transplant. CMS will calculate this threshold based on claims data.
- At least 80% of all nephrologists that have reassigned their rights to receive Medicare payment to the practice and provide dialysis management services included in the Monthly Capitation Payment (MCP) in an outpatient setting must participate in the Model;
- The practice must maintain a minimum of 350 CKD Stages 4 and 5 and 200 ESRD aligned Medicare beneficiaries over the course of the Model. There is no requirement that the KCF Practice furnish services to a minimum number of transplant beneficiaries;
- The practice and its nephrology professionals must use CEHRT as such term is defined under 42 CFR § 414.1305;
- The practice must demonstrate the ability to assume financial risk and make any required repayments to the Medicare program; and
- KCF Practices will not be restricted to a specific market area. However, in order to conduct alignment, CMS will need to determine a KCF Practice’s Service Area. A KCF Practice’s Service Area is defined as the Medicare Core Based Statistical Areas (CBSAs) and rural counties in which the KCF Practice’s participating nephrologists and nephrology professionals provide nephrology services to CKD and ESRD beneficiaries under the practice Tax Identification Number (TIN).

Q. How can I check if my practice meets the minimum number of beneficiaries?

As part of the application review process, CMS will determine whether the practice meets the beneficiary minimums required under the KCF Option. Practices may work with their staff to determine beneficiary numbers. If you believe you are close, we encourage practices to apply to the model and include the information about the beneficiary minimum as a concern.

Q. What if my practice does not meet the minimum number of beneficiaries required for the model?

KCF Practices must have at least one aligned CKD Stages 4 or 5 beneficiary and at least one aligned ESRD beneficiary to start the Model. During each Performance Year, KCF Practices must have a minimum of 350 aligned Medicare beneficiaries with CKD Stages 4 or 5 and 200 aligned ESRD beneficiaries. If at any point a KCF Practice drops below the minimum aligned beneficiary threshold, the KCF Practice may be required to submit a Corrective Action Plan (CAP) explaining the steps it will take to meet the minimum threshold for CMS review and approval. If, after the end of the Performance Year, CMS determines that a KCF Practice did not maintain these beneficiary minimums during the Performance Year, the KCF Practice will be required to aggregate its performance with other KCF Practices for purposes of calculating performance on quality and utilization measures. If the minimum threshold remains unmet prior to the start of the next Performance Year, CMS may pursue additional remedial actions including,

but not limited to, termination of the KCF Practice's Participation Agreement. CMS does not require the KCF Practice to have a minimum number of aligned transplant beneficiaries.

KCF Practices will have the opportunity to choose an aggregation partner for the purposes of meeting the minimum number of aligned beneficiaries, subject to CMS approval. The aggregation partner or partners must be chosen before the deadline specified in the Participation Agreement for the given Performance Year. If an aggregation partner is not chosen, then CMS will assign an aggregation partner or partners.

A KCF Practice cannot aggregate with a KCE.

If at the end of the Performance Year one aggregation partner meets the minimum aligned beneficiary threshold and others does not, then the performance for the practices in the aggregation group will still be aggregated. If all aggregation partners meet the minimum aligned beneficiary threshold at the end of the Performance Year, then the KCF Practices in the aggregation group will no longer be required to aggregate. There can be up to 5 aggregation partners in a group in order to meet the minimum aligned beneficiary threshold.

Q. Can beneficiaries participate in another shared savings initiative at the same time?

Beneficiaries must not be aligned to CMS' other coordinated care initiatives as of the first day of the performance quarter for which alignment is being conducted and onward. This does not apply to Medicare Shared Savings Program beneficiaries.

Application Process

Q. When is the application due?

CMS released the RFA for organizations interested in applying on February 28, 2022. Applications are due March 25, 2022.

Q. When will applicants be notified of offers to participate in the model?

Applicants will be notified of offer to participate in the model in late Spring 2022.

Q. Can my practice opt out of the model?

Applying to the model is not binding. A practice will sign a participation agreement for the Performance Period.

Q. How long does my organization have to accept our offer for participation in the model?

CMS will allow adequate time for a practice to accept the offer of participation. KCF Practices are expected to finalize their list of KCF Participants by June 30, 2022.

Q. Do applicants only have one chance to apply for participation in the KCC model?

This is the second and last cohort of the KCC Model.

Q. Do applicants need to specify which Model Option they are applying to?

Yes, applicants must specify which Model Option they are applying to. An applicant may apply to both the KCF and CKCC Model Option, but they must decide on one participation pathway (CKCC or KCF) before signing a participation agreement.

Selection Process

Q. What are the selection criteria?

Applicants will be evaluated based on the quality of their care model patient centeredness, organizational structure, leadership and management, care coordination capabilities and implementation plan, and care for vulnerable populations.

Technical Questions and Issues

Q. Who can I contact if I encounter technical issues?

If you are having issues, please email the KCC Help Desk at KCF-CKCC-CMMI@cms.hhs.gov

Q. Which browsers will the application work in?

The Qualtrics application platform is supported on Microsoft® Internet Explorer version 11 and later, Apple® Safari® versions 5.x, 6.x, and 7.x on Mac Operating System (OS) X, and on the most recent stable versions of Mozilla® Firefox® and Google Chrome™.

Q. Where do I apply?

The application is now open [here](#).

Q. Am I able to make updates after submitting my organization’s application?

After your application is submitted, you will need to contact the KCC model team at KCF-CKCC-CMMI@cms.hhs.gov in order to edit/resubmit your application.

Finance

Q. When do KCF Practices become eligible to begin receiving the AMCP, CKD QCP, KTB and PBA?

KCF Practices will begin receiving the CKD QCP payments in January 2023. The Home Dialysis True-Up component of the ACMP is paid after each Performance Year. The PBA will begin adjusting the KCF Practice’s MCP component of the AMCP and CKD QCP beginning in Q3 of PY2024.

The KTB is paid during the quarter after a transplant beneficiaries’ 1-year anniversary of their kidney transplant, if the kidney remains viable. As such, the first KTB installments for transplants that occur during PY2023 Q1 will be paid in Q2 of 2024.

Q. Do the AMCP and CKD QCP impact the beneficiaries cost share?

The KCC Model does not affect the normal Medicare payment process which involves Medicare paying 80% of the payment with the beneficiary accountable for the other 20%. The Part B annual deductible is also not impacted.

Q. Is there a minimum number of times a CKD patient must be seen during a quarter to get the QCP payment?

No, provided the beneficiary meets alignment criteria, the KCF Practice is eligible to receive the QCP.

Q. Will the CKD QCP be paid in advance (i.e. at the beginning of the quarter) or retroactively, after the quarter?

The CKD QCP will be paid at the start of the quarter, beginning Performance Year 2023.

Q. How much is the CKD QCP?

The CKD QCP is set at a rate of one third the AMCP PBPM rate, but paid quarterly. In other words, the CKD QCP PBPM amount is equal to the MCP amount PBPM paid monthly.

Q. Are the CKD QCP and AMCP risk adjusted for the KCF Option?

No, the KCF model does not deploy risk adjustment.

Q. How will leakage impact the amount of the CKD QCP?

Each quarter, CMS will review the patterns of care for aligned beneficiaries with CKD Stages 4 and 5 to identify what percentage CKD beneficiaries received nephrology services included in the CKD QCP outside of the KCF Practice. The CKD QCP will be adjusted downward by this leakage percentage.

Q. Will the PBA result in some KCF Practices receiving negative adjustment even if all KCF Practices are strong performers?

Not necessarily, as the PBA Group's with negative PBA adjustments compare KCF Practices to both other KCF Practices and non-KCF nephrologists nationally. The negative PBA adjustment results from a KCF Practice being in Group 4 or Group 5. KCF Practices achieve Group 4 if they are in the bottom 50% of KCFs and the 25th – 50th percentile of nephrology practices nationally on the PBA's utilization measures. KCF Practices achieve Group 5 if they either fail to achieve the Quality Gateway or are in the bottom 50% of KCFs and the 25th percentile of nephrology practices nationally on the PBA's utilization measures.