

Kidney Care Choices (KCC) Model

CMS Kidney Care First (KCF) Model Introduction

CMS/CMMI
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Kidney Care Choices (KCC) Model 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

- KCF, along with KCC, will begin in 2020 and will run through 2023 with the option for CMMI to extend the Models 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.

KCF Model Will Improve on CEC

Goals of KCF:

- 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.

KCF 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 Kidney Care Choices (KCC) Models

Focus For Today 

Payment Options	Overview	Participants
Kidney Care First (KCF) Model	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 Model	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 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	

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 Application 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).

Alignment and Operations

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Beneficiary Alignment Basics

Alignment for CKD Stage 4 & 5 and ESRD Beneficiaries

- Beneficiaries are aligned to a KCF Practice based on qualifying visits with a KCF nephrologist.
- Prioritizes the nephrologist relationship for beneficiaries with advanced CKD or ESRD.
- Protects continuity of care from treating a beneficiary with CKD 4 or 5 with the same nephrologist who would then be treating them if progression to ESRD occurs.
- Alignment will be based on beneficiary claims.
- Minimum Number of Visits:

CKD Stage 4 & 5 Beneficiaries

2 or more qualifying Evaluation & Management (E&M) visits within a 6-month period with a KCF nephrologist

ESRD Beneficiaries

2 or more qualifying Monthly Capitation Payment (MCP) visits within a 3-month period with a KCF nephrologist

Beneficiary Alignment Basics

Alignment for Transplant Beneficiaries

- Transplant beneficiaries must first be aligned to the KCF practice as a CKD or ESRD beneficiary
- When an aligned beneficiary receives a kidney transplant, they will remain aligned to the KCF Practice for 3 years from the month of transplant, while the transplant is viable
- If the transplant fails, the beneficiary may become realigned as a CKD or ESRD beneficiary, so long as they continue to meet alignment criteria

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 majority of their Monthly Capitation Payments (MCP) billed in the geographic area (ESRD beneficiaries)
- Have a plurality of their CKD care in the KCF practice'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

- KCF Practices 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 KCF Practice'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 an KCF nephrologist, or receiving the majority of care outside of the market area.

Minimum Number of Aligned Beneficiaries

A KCF Practice must have a minimum of 500 beneficiaries with late stage CKD and 200 beneficiaries with ESRD aligned throughout the life of the Model, based on a defined look-back period prior to the start of the performance year. Practices or nephrologists are required to aggregate their performance if they do not meet minimum beneficiary counts.

Minimum Number of Aligned Beneficiaries

	Beneficiaries with CKD	Beneficiaries with ESRD	Beneficiaries who Receive Kidney Transplants
Aligning Participant	Nephrologist	Nephrologist	N/A – Must have been previously aligned by virtue of CKD or ESRD
Criteria for Alignment	2 Evaluation & Management (E&M) visits within a 6-month period with a KCF nephrologist with a diagnosis of CKD 4 or 5	2 MCP visits within a 3-month period with a KCF nephrologist	Being previously first aligned to the KCF practice as a CKD or ESRD beneficiary and receiving a kidney transplant
Criteria for De-Alignment	Receiving the majority of E&M visits for kidney care outside the KCF practice’s market	Receiving the majority of MCP visits from a non-KCF nephrologist	Kidney transplant failure (likely the beneficiary then aligns as a CKD or ESRD beneficiary)

Financial Methodology and Structure

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Legal Structure of the KCF Model



Legal Entity & Contracting Requirements

1. Must be able to receive the payments under the model from CMS.
2. Must demonstrate the ability to assume financial risk and make any required repayments to the Medicare program.
3. Must establish reporting mechanisms and ensuring compliance with program requirements, including but not limited to, reporting on quality measures.

KCF Practice Eligibility Criteria

Nephrologists and nephrology practices participating in the KCF model must meet all of the following requirements for the duration of their participation in the model. In particular, they must:

- Be enrolled in Medicare.
- Self-identify as nephrologists for the purposes of this model (Nephrologists should verify that their specialty is correct in PECOS).
- Provide services to a minimum of 500 late stage CKD and 200 ESRD aligned Medicare beneficiaries over the course of 6 months. There is no minimum number of transplant beneficiaries required.
- Receive at least 50% of their Medicare payments for services furnished to beneficiaries with CKD, ESRD, or a functioning transplant.
- Use the 2015 Edition Certified Electronic Health Record Technology (CEHRT), support data exchange with other providers and health systems via Application Programming Interface (API), and connect to their regional health information exchange (HIE).
- Demonstrate the ability to assume financial risk and repay any required monies to the Medicare program.
- Be located entirely in a single KCF market area.

KCF Nephrologist Criteria

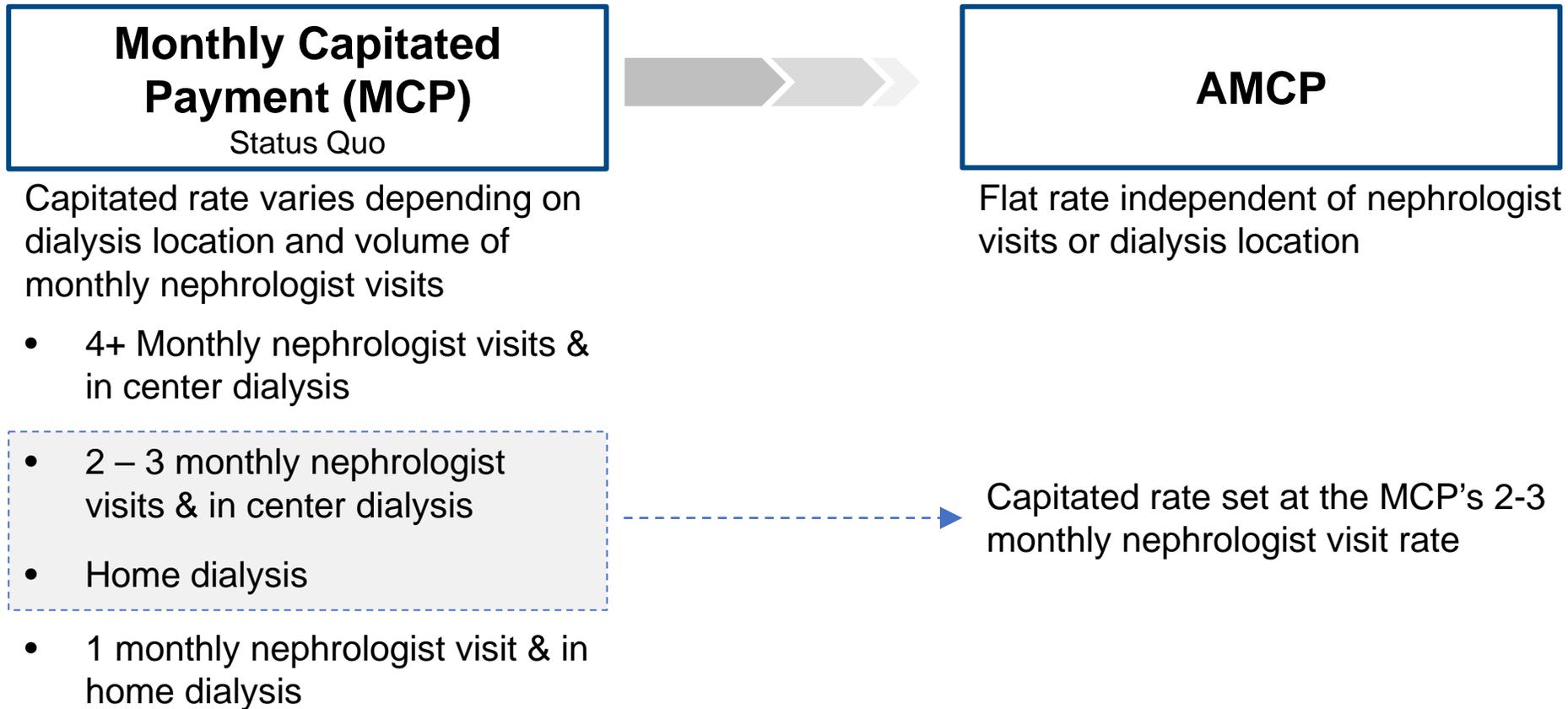
Nephrologists and nephrology practices participating in the KCF model must meet all of the following requirements for the duration of their participation in the model. In particular, they must:

- Be enrolled in Medicare.
- Self-identify as nephrologists for the purposes of this Model. CMS will verify this information against PECOS, or through other means, including claims data.

Key Reimbursement Mechanisms

1. **Adjusted Monthly Capitated Payment (AMCP)**: Capitated payment paid to model participants to managed ESRD, based on the MCP
2. **CKD Quarterly Capitated Payment (CKD QCP)**: Capitated payment paid to model participants to manage CKD 4 / 5 patients
3. **Kidney Transplant Bonus (KTB)**: Incremental reimbursement for successful kidney transplant
4. **Performance Based Adjustment (PBA)**: Upward or downward adjustment to the CKD QCP and AMCP based on participant's year-over-year continuous improvement and performance relative to peers (available to KCF practices only)

Adjusted Monthly Capitated Payment (AMCP)



CKD Quarterly Capitated Payment (CKD QCP)

- The CKD QCP are capitated payment paid to model participants to manage CKD 4 and 5 patients.
- This will not impact billing, but it will impact payment for the following services:

Services Included in QCP	CPT Codes
Office / Outpatient Visit E&M	99201-99205, 99211-99215
Prolonged E&M	99354-99355
Transitional Care Management Services	99495-99496
Advance Care Planning	99497-99498
Welcome to Medicare and Annual Wellness Visits	G0402, G0438, G0439
Chronic Care Management Services	99490

CKD Quarterly Capitated Payment (CKD QCP)

Rates:

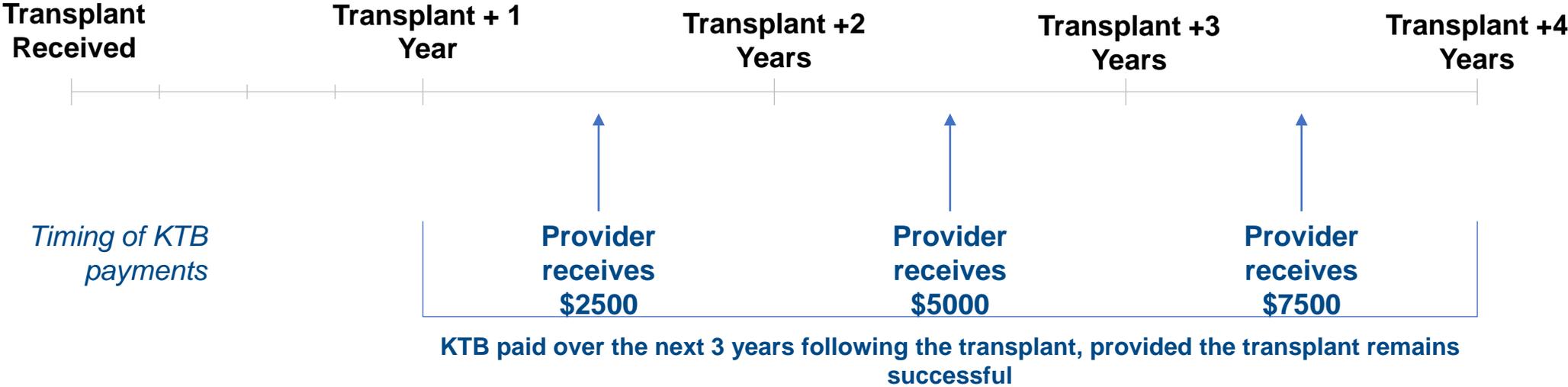
The CKD QCP will be set to one third of the AMCP rate, paid quarterly for aligned beneficiaries with CKD stage 4 or 5, replacing the amount that nephrologists would have received for billing those codes. For example, If a participant receives AMCP of \$180 per month, then the participant's CKD QCP will be \$180 per quarter

Leakage:

The CKD QCP will be adjusted to account for “leakage rates” that will apply an individual leakage rate for each practice, based on the aggregate CKD nephrology services (i.e., primary care E/M services) furnished outside of the practice for the practice's aligned CKD beneficiaries.

Kidney Transplant Bonus (KTB)

Bonus payment of \$15,000 per aligned beneficiary who receives a kidney transplant and remains alive with a functioning transplant.



Performance and Quality

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KCF Quality Overview

The KCF Model accounts for quality in two ways: the Quality Gateway and the Performance Based Adjustment (PBA).

- The Quality Gateway is a quality threshold based on a set of measures that:
 - Indicate appropriate clinical care and engagement for the patient population;
 - Are related to the beneficiary's kidney disease; and
 - Are applicable to both CKD stage 4 and 5 ESRD beneficiaries.
- Performance Based Adjustment (PBA) are based on a calculation including both relative performance and continuous improvement on a set of cost and utilization metrics.

Steps To Calculate the Performance Based Adjustment (PBA)

- Step 1: Assign each KCF practice to a Group depending its performance on the PBA utilization measures relative to other KCF practices to determine the size of the Relative Performance Component of the PBA. KCF Practices that fail Quality Gateway automatically fall into Group 8, which has the maximum downward adjustment.



- Step 2: Determine eligibility for the Continuous Improvement (CI) component of the PBA. CI is the year-over-year % improvement that the KCF practice needs to achieve to be eligible for the bonus. In order to be eligible for the Continuous Improvement Component, a KCF practice must achieve the Quality Gateway.

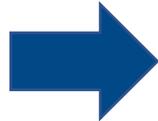


- Step 3: Determine the size of the KCF Practice's Continuous Improvement Component of the PBA

KCF Quality Gateway

- The Quality Gateway measures will reflect appropriate clinical care and patient experience for the affected population.

- Practices who do not meet the threshold will receive the maximum negative payment adjustment.



PBA Performance Level	% Adjustment to CKD QCP and AMCP
Top 50 Percent of Performers – Compared to All KCF Practices	
Group 1 – Top 10% of KCF Practices	+20%
Group 2 – 11 – 20% of KCF Practices	+16%
Group 3 – 21% – 30% of KCF Practices	+12%
Group 4 – 31% – 40% of KCF Practices	+8%
Group 5 – 41% – 50% of KCF Practices	+2%
Bottom 50 Percent of Performers – Compared to All KCF Practices	
Group 6 – Bottom 50% of KCF practices and the top 50% of nephrology practices nationally	0%
Group 7 – Bottom 50% of KCF practices and 51% – 75% (25 th to 50 th percentile) of nephrology practices nationally	-6%
Group 8 – Bottom 50% of KCF practices, below the 25 th percentile of nephrology practices nationally OR did not pass Quality Gateway	-20%*

Summary Table of PBA Calculation

Putting the Components Together

PBA Performance Level	PBA Components (Percent Adjustment to CKD QCP & AMCP)		Total PBA Impact (% Adjustment to CKD QCP and AMCP)	
	Relative Performance RP Component	Continuous Improvement CI Component	RP + CI (Maximum Upward PBA Adjustment)	RP Only (Does not qualify for CI)
Group 1	+20%	+10%	+30%	+20%
Group 2	+16%	+8%	+24%	+16%
Group 3	+12%	+6%	+18%	+12%
Group 4	+8%	+4%	+12%	+8%
Group 5	+2%	+4%	+6%	+2%
Group 6	0%	+4%	+4%	0%
Group 7	-6%	+4%	-2%	-6%
Group 8				
Cleared Quality Gateway	-20%	+10%	-10%	-20%
Failed to Clear Quality Gateway	-20%	0%	-20%	-20%

PBA Calculation Timeline

	PBA Performance, Calculation, and Payment Adjustment Period							
PBA Performance Period	PY1 Q1-Q2	PY1 Q3-Q4	PY2 Q1-Q2	PY2 Q3-Q4	PY 3 Q1-Q2	PY3 Q3-Q4	Q1-Q2*	Q3-Q4*
PY1 - Q1 and Q2 (for RP only)	Measure	Calculate	Adjust Payment					
PY1 - Q3 and Q4 (for RP only)		Measure	Calculate	Adjust Payment				
PY2 - Q1 and Q2 (for RP and CI)			Measure	Calculate	Adjust Payment			
PY2 - Q3 and PY2 Q4 (for RP and CI)				Measure	Calculate	Adjust Payment		
PY3 – Q1 and Q2 (for RP and CI)					Measure	Calculate	Adjust Payment	
PY3 – Q3 and Q4 (for RP and CI)						Measure	Calculate	Adjust Payment
Measurement Period	Data collection on measure performance concludes at end of PBA performance period							
Calculation Period	PBA amount calculated during PBA calculation period based on performance during PBA performance period							
Adjustment Period	Performance-based adjustment applied to CKD QCP and AMCP during the PBA payment adjustment period							
* Calculation and application of the PBA during the 6-month periods following upon PY3.								

Benefit Enhancements

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Kidney Disease Education (KDE) Benefit Enhancements

Medicare currently covers up to six 1-hour sessions of KDE services for beneficiaries with Stage IV CKD. KCF 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 KCF

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

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 KCF

- 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 at KCF-CKCC-CMMI@cms.hhs.gov