

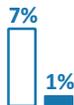
# Kidney Care Choices Model



The Centers for Medicare & Medicaid Services (CMS) is launching the Kidney Care Choices (KCC) Model in 2020 with the goals of improving the lives of beneficiaries suffering from kidney disease, expanding treatment options for these beneficiaries, and reducing healthcare costs.



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



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



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

## Goals



Delay and improve initiation of dialysis for beneficiaries with late-stage chronic kidney disease (CKD)



Improve coordination of care for beneficiaries with late-stage CKD and ESRD to reduce total cost of care



Increase the number of beneficiaries receiving kidney transplants



Increase options for provider risk and payment to improve financial accountability

### Kidney Care First (KCF) Option

Eligible participants will provide more comprehensive, coordinated and cost-effective care for beneficiaries with late-stage CKD and ESRD. KCF builds on the [Comprehensive End-Stage Renal Disease Care \(CEC\) Model](#) and utilizes design elements from the recently announced [Primary Care First Model](#).

#### Description

Nephrologists and nephrology practices may apply as part of KCF practices.

#### Eligibility

Participants will receive capitated payments for managing beneficiaries with late-stage CKD and ESRD, which will be adjusted based on quality performance and utilization. Participants will receive a bonus payment for every aligned beneficiary who receives a kidney transplant.<sup>4</sup>

#### Payments

### Comprehensive Kidney Care Contracting (CKCC) Options

The CKCC Options are a set of three payment options that address the financial risk continuum and offer potential reward for providing quality and cost-effective care to late-stage CKD and ESRD beneficiaries. CKCC builds on the design of the existing [Comprehensive End-Stage Renal Disease Care \(CEC\) Model](#) and of the new [Direct Contracting Models](#).

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

Three options provide increasing levels of risk and potential reward: Graduated Option, Professional Option, and Global Option.

For more information, please visit the [CKCC Options Infographic](#).



CMS also announced the [proposed rule for Specialty Care Models to Improve Quality of Care and Reduce Expenditures](#), which includes proposals for the **ESRD Treatment Choices (ETC) Model**. The proposed ETC Model would test the effectiveness of adjusting certain Medicare payments to encourage greater use of home dialysis and kidney transplants for Medicare beneficiaries with ESRD in order to preserve or enhance the quality of care furnished to Medicare beneficiaries while reducing Medicare expenditures. CMS would select ESRD facilities and Managing Clinicians for mandatory participation in the proposed model based on their location in randomly-selected geographic areas. Information on the proposed ETC Model can be found on the model website: <https://innovation.cms.gov/initiatives/esrd-treatment-choices-model>.

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

For questions about the KCC Model, please email [KCF-CKCC-CMMI@cms.hhs.gov](mailto:KCF-CKCC-CMMI@cms.hhs.gov)

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

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

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

<sup>4</sup> The full amount of the bonus payment will be paid out at set intervals provided the kidney transplant remains successful.