



# **Kidney Care Choices (KCC) Model: Comprehensive Kidney Care Contracting (CKCC) Model Options**

## **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.

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 Comprehensive Kidney Care Contracting (CKCC) Option Webinars?**

The webinar recording and slides for the [Comprehensive Kidney Care Contracting Model Option Overview](#) and specific webinar on the [CKCC Finance](#) are posted on the KCC web page at <https://innovation.cms.gov/initiatives/kidney-care-choices-kcc-model>. The CKCC Overview slides provide more information on structure and governance, beneficiary alignment, and benefit enhancements. The CKCC financial webinar reviews CKCC Quality Scores, payments, benchmark construction, Risk Mitigation, and Reconciliation.

### **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](mailto:KCF-CKCC-CMMI@cms.hhs.gov).

## **CMS CKCC Eligibility**

### **Q. Who can participate?**

Required participants:

- A nephrology professional
- A transplant provider

Transplant providers may participate in multiple KCEs as KCE Participants or Preferred Providers. All other providers and suppliers can only be in one KCE. In addition to the required types of KCE Participants noted above, a KCE may include any of the following optional Medicare-enrolled providers or suppliers as KCE Participants:

- Medicare-certified dialysis facilities, including facilities owned by large dialysis organizations (LDOs), facilities owned by small dialysis organizations (SDOs), or independently-owned dialysis facilities. LDOs may only participate in the Professional and Global options of CKCC.
- Other Medicare-enrolled providers and suppliers.

All types of providers and suppliers other than nephrology professionals and transplant providers, are optional KCE Participants, including dialysis facilities, dietitians, and SNFs. DMEPOS suppliers, ambulance suppliers, and drug/device manufacturers are prohibited from participating in a KCE. While the KCE will not be required to be a Medicare-enrolled provider or supplier, KCE Participants under the KCE must be a Medicare-enrolled provider or supplier by a date specified by CMS.

**Q. Who is considered a transplant provider?**

A transplant provider can be a transplant center, transplant surgeon, transplant nephrologist, and/or organ procurement officer (OPO), for example.

**Q. Can nephrologists and transplant nephrologists participate in multiple KCEs?**

Nephrologists may only participate in one KCE, while transplant providers may participate in multiple KCEs. A transplant nephrologist would participate in the KCE in their capacity as a transplant provider and could participate in multiple KCEs if they do not identify themselves as an alignment eligible nephrologist. If the transplant nephrologist self-identifies as an alignment eligible nephrologist, they may only participate in one KCE.

**Q. What is the KCE Governance Structure Requirement?**

A KCE must maintain an identifiable governing body with sole and exclusive authority to execute the functions and make the final decisions on behalf of the KCE. The KCE's legal entity and governing body must be separate and unique to the KCE, except that where the KCE is formed by a single KCE Participant, the KCE's legal entity and governing body may be the same as that of the KCE Participant. The governing body may be a board of directors, board of managers or any other governing body structure that provides a mechanism for shared governance and decision making.

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

No. The KCE does not need to be a Medicare-enrolled provider or supplier.

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

KCE Participants may not be KCE Participants in another KCE in the KCC Model, except as specified by CMS, or participate in the KCF Option. Likewise, KCE Participants are not permitted to participate in the Medicare Shared Savings Program, other Medicare shared savings initiatives (except as expressly permitted by CMS), the Independence at Home Demonstration (IAH), Primary Care First (PCF), and Vermont Medicare ACO Initiative, or the Maryland Primary Care Program (MDPCP) portion of the Maryland Total Cost of Care Model (MD TCOC). For KCE Participants, overlaps are checked at the TIN level for the Medicare Shared Savings Program and NPI-TIN level for the other models discussed above. The only exception is dialysis facilities, for which overlaps are checked based on CCN for all initiatives except the Medicare Shared Savings Program – which is checked based on TIN. Preferred Providers may overlap with the Medicare Shared Savings Program and the other models discussed above.

**Q. Can beneficiaries enrolled in a Medicare Advantage (MA) plan, cost plan, or other non-MA Medicare managed care plan participate?**

No.

**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 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.

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

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

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

Each entity must be recognized and authorized to conduct business under applicable state law.

**Q. How will geographic regions be defined?**

The KCE's Market Area is the geographic area in which the main practice locations of the KCE's nephrology professionals are physically located. Generally, a KCE's Market Area is defined as no more than five CBSAs, which must be connected by no more than three rural counties and/or no more than one CBSA. If the Market Area CBSAs are in more than one state, then those states must be contiguous. The only exception to this requirement would be in the case of rural applicants whose locations are not included in any Medicare CBSA. For rural applicants not located in any Medicare CBSA, the KCE Market Area will be composed of the rural counties in a single state in which KCE nephrology professionals have their main practice location.

In order to align beneficiaries, CMS will also need to determine a KCE's Service Area. For a KCE, the Service Area is defined as the KCE's Market Area, and any CBSAs that are contiguous to the KCE's Market Area and any rural counties located in the same state(s) as the KCE's Market Area in which participating nephrology professionals provide nephrology services (see Table 10) to beneficiaries with CKD or ESRD.

If a KCE includes dialysis facilities, then all dialysis facilities that participate in that KCE must be owned in whole or in part by the same dialysis organization. Additionally, at least 85% of the dialysis facilities owned in whole or in part by that dialysis organization that are located within the KCE's Market Area must participate in the KCE. Furthermore, all dialysis facilities that participate in a KCE must be located in the KCE's Service Area.

Participating providers and suppliers other than nephrology professionals and dialysis facilities would not be subject to Market Area or Service Area constraints.

**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. 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. How can I check if my KCE meets the minimum number of beneficiaries?**

As part of the application review process, CMS will determine whether the KCE meets the beneficiary minimums required under the CKCC Model Options. 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?**

During each Performance Year, the KCE must have a minimum of 750 aligned Medicare beneficiaries with CKD Stages 4 or 5 and 350 aligned Medicare beneficiaries with ESRD. If a KCE fails to meet either minimum threshold for a Performance Year, as determined by CMS during the annual alignment reconciliation process, CMS may take remedial actions, including requiring the KCE to submit a Corrective Action Plan (CAP) explaining the steps it will take to meet the minimum threshold for CMS' review and approval, or termination of the KCE's Participation Agreement.

In addition, a KCE that does not meet these minimum alignment thresholds at the end of the Performance Year, and does not include an LDO as a KCE Participant or KCE Preferred Provider, will generally be required to aggregate its financial performance and quality performance with that of certain other KCEs in the same option (referred to as the KCE's aggregation partners). KCEs that may be required to aggregate will have the opportunity to request one or more (up to 5) aggregation partners for the purposes of creating a group of KCEs (an aggregation group) that collectively meet the minimum number of aligned beneficiaries. The KCE must submit its preferred aggregation partner or partners for a given Performance Year by a date specified by CMS. CMS will review any requests for preferred aggregation partners and may accept, modify, or reject such requests at CMS's sole discretion, using criteria specified in the CKCC Participation Agreement. If a KCE that is required to aggregate does not submit a request for its preferred aggregation partner(s), then CMS will assign an aggregation partner or partners based on the KCE Service Area and geographic proximity of other KCEs in the same option that are also required to aggregate. If at the end of the Performance Year one or more aggregation partners in an approved aggregation group meet the minimum alignment thresholds and one or more other aggregation partners in the same group do not, then the performance for the KCEs in the aggregation group will still be aggregated. If all aggregation partners in an approved aggregation group meet the minimum alignment thresholds at the end of the Performance Year, then the performance of the entities in the aggregation group will not be aggregated.

However, if a KCE that includes dialysis facilities owned in whole or in part by an LDO does not meet the minimum alignment thresholds at the end of the Performance Year, or if CMS determines that there is no aggregation group available for a KCE that does not meet the minimum alignment thresholds at the end of the Performance Year, the KCE will not be required to aggregate its quality performance or financial performance with other KCEs. Rather, in these situations, the KCE's financial performance for the Performance Year will be subject to a Minimum Savings Rate or Minimum Losses Rate (MSR or MLR).

In order to start in the Model, KCEs must have at least 50% of the required minimum aligned beneficiary thresholds in either CKD stages 4 & 5 or ESRD. The required number of beneficiaries is at least 375 CKD Stages 4 or 5 beneficiaries and 175 ESRD beneficiaries. Entities that do not meet these requirements will be notified and will not be offered a CKCC Participation Agreement for PY2023.

## **CKCC Benefit Enhancements**

### **Q. What are some of the enhancements available?**

As part of the CKCC Model Options, CMS is considering 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.

## **CKCC Finance Methodology**

### **Q. When do payments and enhancements begin?**

Capitated payment adjustments will begin Jan 1, 2023, the Performance-Based Adjustment (PBA) begins July 1, 2024. The CKD Quarterly Capitated Payment will be paid at the beginning of the quarter.

### **Q. Are the CKCC Model Options an Advanced Alternative Payment Model (APM)?**

The CKCC Options are currently Advanced APMs for PY2022, with the exception of the one-sided Level 1 of the Graduated Option. Guidance on Advanced APM status for PY2023 is forthcoming.

### **Q. What will be the payment methodology for the CKCC Options?**

Nephrologists and nephrology practices who participate in a KCE will receive adjusted capitated payments for managing beneficiaries with CKD stages 4 and 5, and End-stage Renal Disease (ESRD). KCEs will be eligible for the following payments: CKD Quarterly Capitation Payment (CKD QCP), Adjusted Monthly Capitation Payment (AMCP), Kidney Transplant Bonus (KTB), and shared savings/shared losses under one of the following options: CKCC Graduate, CKCC Professional Option, or CKCC Global Option.

### **Q. What are the accountability frameworks for the different CKCC options?**

- *CKCC Graduated Option*: Participants begin under a lower-reward, one-sided model and incrementally phase into greater risk and greater potential reward.
- *CKCC 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 Parts A and B services for aligned beneficiaries.
- *CKCC Global Option*: Participants are at risk for 100% of the total cost of care for all Medicare Parts A and B services for aligned beneficiaries.

### **Q. How do AMCPs work?**

AMCPs will include payment for all services included in the MCP and the same requirements will apply. The AMCP will include a Home Dialysis True-Up, paid to the KCE at Financial Reconciliation, where KCE's will receive an incremental increase to the MCP claims billed for home dialysis.

**Q. If Advanced APM, is a practice excluded from MIPS?**

Yes

**Q. What is the concept of the discount?**

KCEs participating in the Global Option will be responsible for 100% of expenditures, and as such, the discount to the benchmark represents the only mechanism for CMS to obtain savings from the model (e.g., CMS does not “share” in the savings generated by the KCE). The discount will only apply to the ESRD portion of the benchmark and not the CKD portion. The discount will be set at 3% of the ESRD portion of the benchmark for the first two performance years. Subsequently, the discount will increase by a percentage point each year, subject to the adjustments described below, thereby requiring continuous improvement from the Global Option KCEs. No discount will apply to the benchmarks for KCEs participating in the CKCC Graduated or the CKCC Professional Options.

**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 KCE opt out of the model?**

Applying to the model is not binding. A KCE 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. KCEs are expected to finalize their list of KCE Participants and Preferred Providers 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.

**Q. If my organization is not accepted during the first application round, can we apply again?**

This is the second and last cohort of the KCC Model and there will be no additional opportunities for applicants.

**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](mailto: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](mailto:KCF-CKCC-CMMI@cms.hhs.gov) in order to edit/resubmit your application.