



FLORIDA RENAL
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Comprehensive Kidney Care Contracting (CKCC) Overview

Presented by Kristina Dunigan

Thank you for joining!

All lines will be muted to reduce background noise.

Please enter all questions into the chat box. Ensure to send questions to “All Attendees”.

We will try to answer as many questions during the presentation as time allows.



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Continuing Education (CE) Credits for RN, SW and RD

In order to receive (1) CE credit for this activity you must follow these steps:

1. Complete the evaluation via SurveyMonkey that will open on your screen when you exit the event.
2. After you complete and submit the evaluation, a screen will appear for you to enter the HSAG Learning Management Center as a **new user** or an **existing user**.
3. Once you log in, you will attest to attending the event, enter your license information and click “submit”.
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5. If you only joined the event via telephone and not via WebEx, please email Shannon.1.moore@freseniuskidneycare.com and the evaluation link will be sent to you.
6. Questions related to the HSAG Learning Management Center can be forwarded to nccinfo@hsag.com.



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To HSAG and all the staff at Network 7 for providing the CE credits and support for today's webinar

Comprehensive Kidney Care Contracting (CKCC) Overview

Florida Renal Association

11/11/22

Kristina Dunigan

Director of Value Based Care

InterWell Health

Evolution of the Healthcare System

Insurers are changing how providers get paid

- See more patients
- Provide more services



Managing costs while providing better health outcomes

Fee-for-service

Value Based Care

End Stage Renal Disease Seamless Care Organization (ESCO)

- First Advanced Alternative Payment model for chronic disease
- ESRD only
 - Beneficiaries aligned by ESCO Clinic
- 5 Payment Years (ended 3/31/21)
- Goals of the program
 - Improve efficiency
 - Generate savings & share amongst ESCO partners
 - Develop interventions that improve health in order to decrease overall healthcare costs
 - Avoid preventable hospitalizations
 - Improve or maintain quality
 - Achieving CMMI quality benchmarks to keep as much savings as possible

Advancing American Kidney Health Executive Order¹

Objectives and targets:

Slow the progression of CKD to **reduce the risk of kidney failure**

Reduce the number of Americans progressing to **ESRD by 25% by 2030**

Transform nephrology practice to **provide patients with more treatment options**

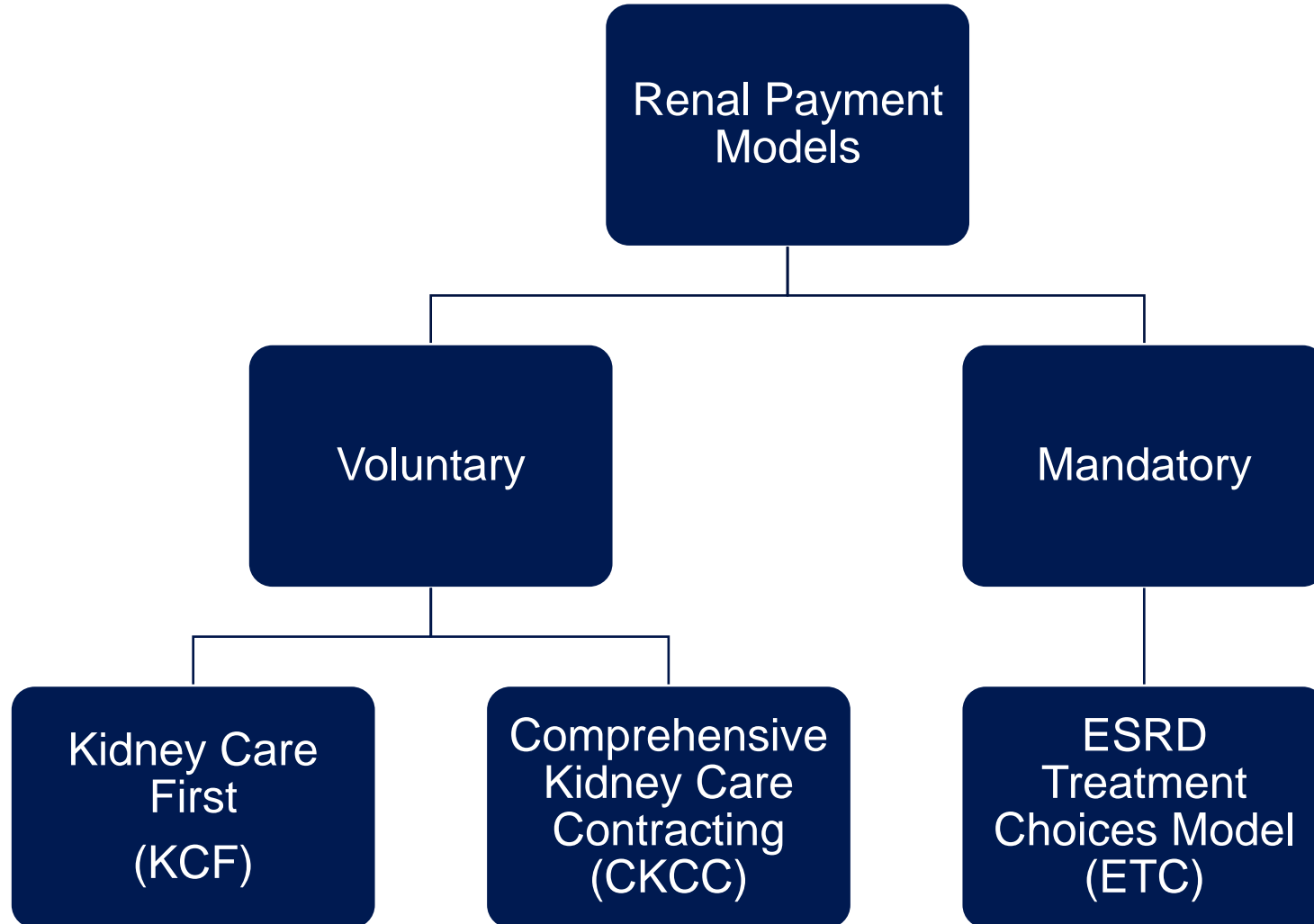
Increase the number of ESRD incident patients **with a transplant or using home dialysis to 80% in 2025**

Reduce diseased kidney organ discardment to **increase access to transplantation**

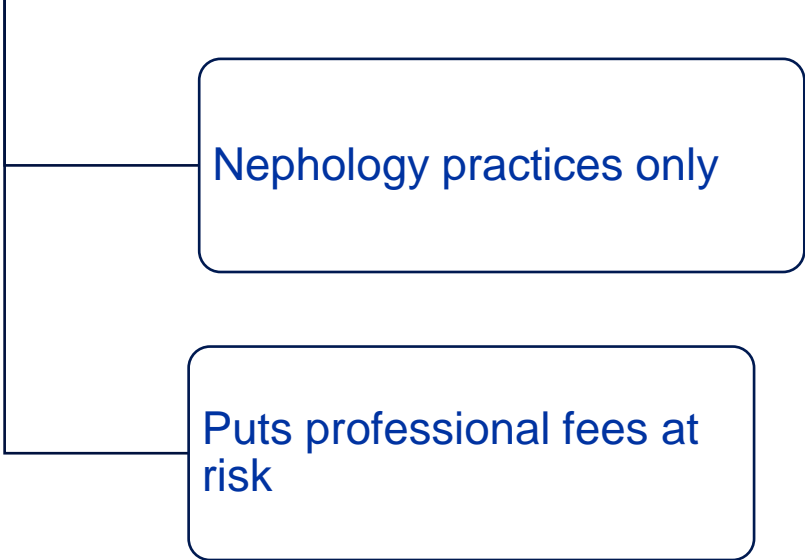
Double the number of **available kidneys** for transplant **by 2030**

¹Rosenberg ME, Ibrahim T. Winning the War on Kidney Disease, Perspective from the American Society of Nephrology. CJASN 14: 1792-1794, 2019.

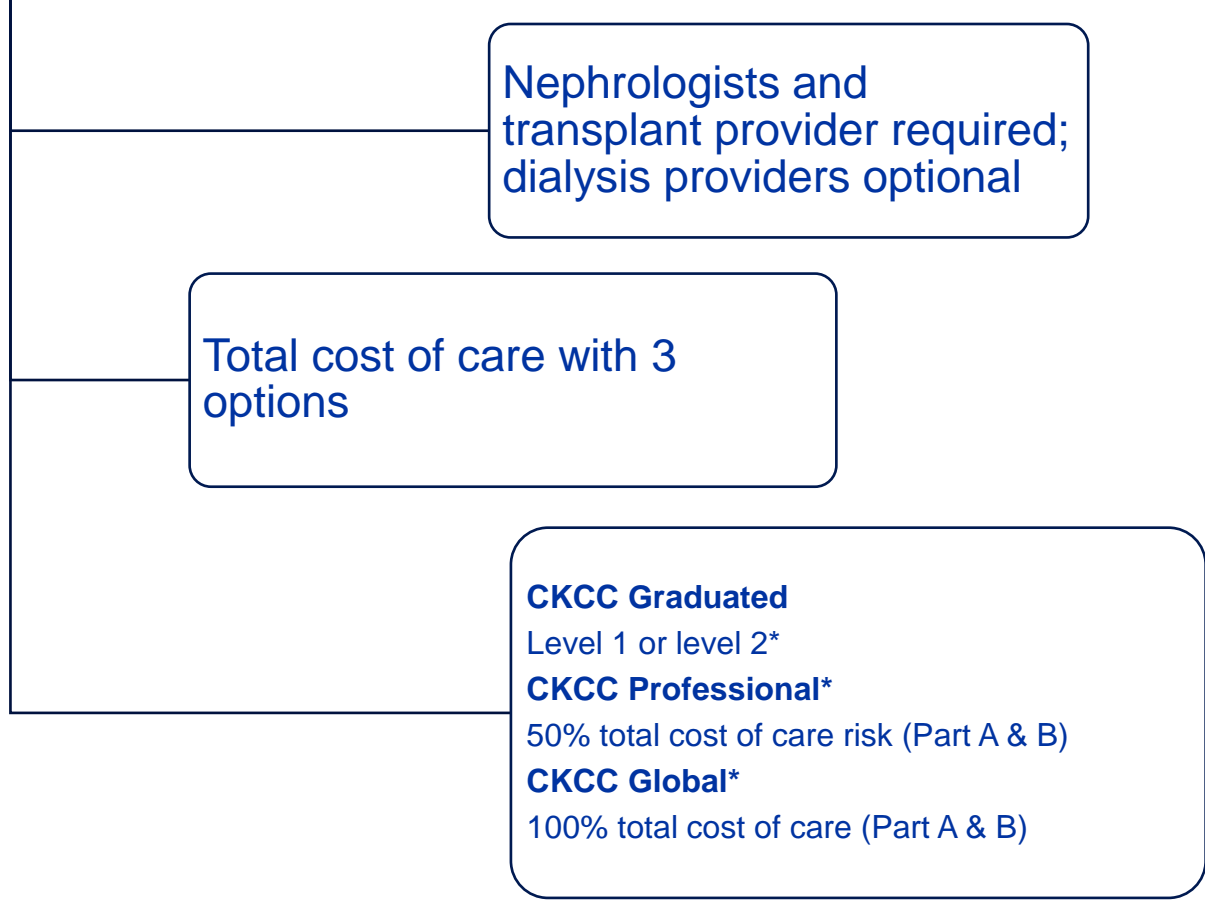
New Models



KCF



CKCC



*Advanced Alternative Payment Model (AAPM)

Comprehensive Kidney Care Contracting (CKCC)

- Establishes a Kidney Contracting Entity (KCE)
- KCE must include nephrologist and a transplant provider (a transplant center, transplant surgeon, transplant nephrologist, or organ procurement organization)
- Medicare primary patient only
- Patients aligned by KCE Provider
 - CKD 4/5 & ESRD
- Medicare will provide patients that are aligned to the program

Eligibility & Alignment

Eligibility

- Have either late-stage CKD (stage 4 or 5) or ESRD
- Be enrolled in Medicare **Parts A and B**
- Not be enrolled in a Medicare Advantage plan, cost plan, or other non–Medicare Advantage Medicare managed care plan
- Reside in the United States
- Receive the **plurality of their MCPs** billed in the market area
- Receive the **plurality of their CKD care** in the market area
- Be 18 years of age or older
- **Not have been aligned already to a Medicare ACO** or another participant in a Medicare program/demonstration/model involving shared savings as of the date of alignment for the KCC option
- Not have Medicare as a secondary payer

Alignment

CKD 4 & 5

- Alignment
 - Diagnosis of CKD stage 4 or 5
 - N18.4, N18.5
 - Two or more E&M visits within a twelve-month period with a **KCE participant**

ESRD

- Alignment
 - Diagnosis of ESRD
 - Two or more MCP visits within 90 days of each other with a **KCE participant**
 - Nephrology Professional

Aligning Incentives

- CKD Quarterly Capitated Payment
 - CMMI Testing CKD QCP
- Home Dialysis True Up
- Shared Savings within a TCOC framework
 - KCE Financial Benchmark
 - Focus on avoidable hospitalizations/readmissions
 - Keep patients healthy and out of the hospital
- Transplant Bonus
- MIPS exemption & increase in fee schedule 2026 for participating in AAPM

CKCC 5% Quality Withhold

Quality Measure	Weight	PY2023 – practices starting model in 2023	PY2024 and Beyond
<u>Optimal End-Stage Renal Disease (ESRD) Starts</u> Measure Steward: The Permanente Federation	50%	Pay-for-Performance	Pay-for-Performance*
<u>Depression Response at 12 Months – Progress Towards Remission</u> Measure Steward: Minnesota Community Measurement	25%	Pay-for-Reporting	
<u>Gain in Patient Activation (PAM) Scores at 12 Months</u> Measure Steward: Insignia Health	25%	Pay-for-Performance	

- Once the financial Benchmark is constructed CMMI will withhold 5% that the KCE can earn back based on performance on Quality Measures

*CMS may add or remove Quality Measures – the PY2023 quality measure and reporting overview is scheduled for 9/22/22

Success in this model

- CKD resource laser focused on
 - Optimal Starts
 - Education, modality choice, continued follow up to ensure patient gets to where they need to be, when they need to be there
 - Survey Capture and follow up
- Focus on keeping patients healthy & out of the hospital

Questions & Comments

FRA Kidney Day and Annual Meeting Legislative Update Ron Watson

