Advancing American Kidney Health
New Payment Models
Kidney Care Choices

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Advancing American Kidney Health – July 10, 2019

- **Principal Goals**:
  - Reduce incidence of ESRD by 25% by 2030
  - 80% incident ESRD patients receive home dialysis or preemptive kidney transplant by 2025
  - Double the number of kidneys available for transplant by 2030
    - Standardize organ procurement procedures
      - CMS-3380-F, 12/2/2020 (Implementation 8/1/2022)
    - Remove Financial Disincentives to Living Organ Donation
      - Final Rule, 9/22/2020 (Effective: 10/22/2020)
    - ESRD Treatment Choices Learning Collaborative (ETCLC)
      - ↑ DD kidneys transplanted (15%), ↓ national discard rate (5%), ↑ utilization high KDPI kidneys (14%), 8/20/2021
    - CMS RFI - Health and Safety Requirements for Transplant Programs, Organ Procurement Organizations, and End-Stage Renal Disease Facilities
      - CMS-3409-NC, 12/3/2021
- Secondary Goals:
  - Encourage the development of the artificial kidney
  - Restructure payment models to incentivize prevention, home dialysis, transplantation

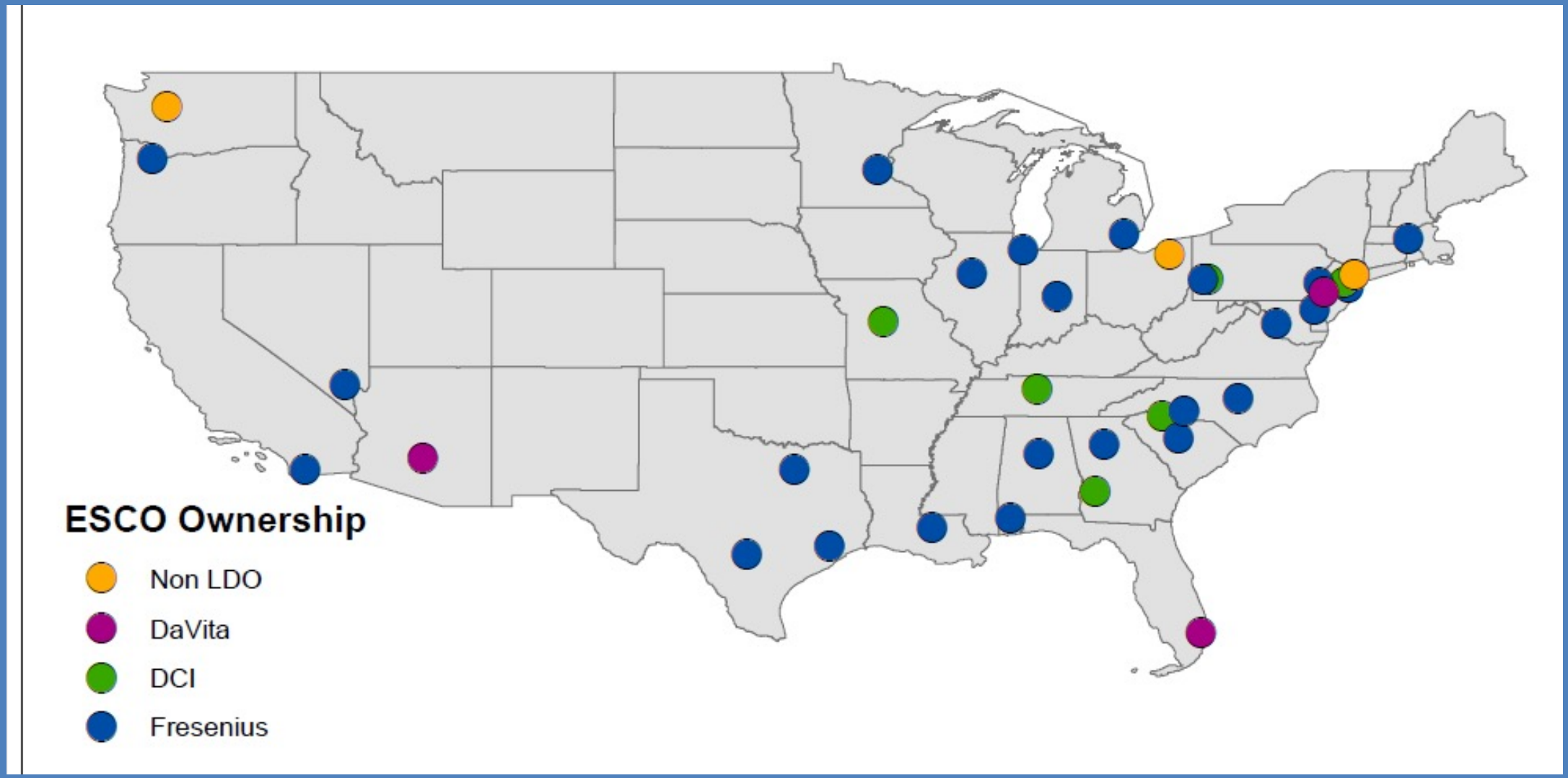
Looking Back – Comprehensive ESRD Care Model (CEC)
Key Points and Outcomes

- Key Points
  - Alignment through Dialysis Facility
  - 99% Participants – Nephrologists & Dialysis Facilities
  - Benchmarking – Retrospective, Black Box
  - Shared Savings/Losses adjusted by performance on quality metrics

- Timeline
  - October 2015 – March 2021

- Outcomes
  - $85 PBPM decrease in Medicare Part A/B spending
  - 3% decrease in hospitalizations
  - 6% decrease in LTC use
  - 0.4% increase in OP dialysis

Looking Back – Comprehensive ESRD Care Model (CEC)
CEC (ESCO) Ownership



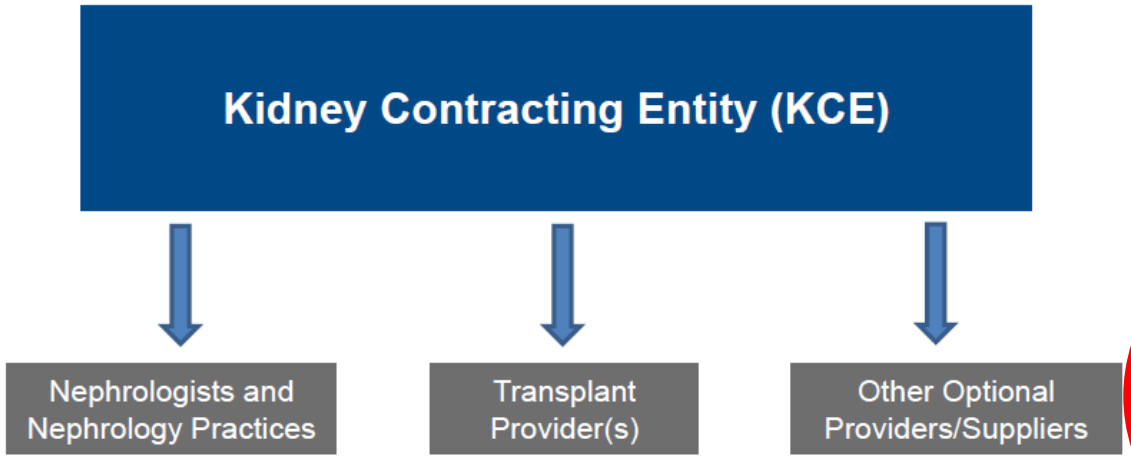
AAKH Models Overview

Model	ESRD Treatment Choices (ETC)	Kidney Care Choices (KCC)	
		Kidney Care First (KCF)	Comprehensive Kidney Care Contracting (CKCC)*
Type	Mandatory	Voluntary	
Participants	Nephrology Provider Dialysis Facilities	Nephrology Providers	Nephrology Providers Transplant Providers Dialysis providers(Optional)
Beneficiaries	Dialysis Patients Only (Medicare primary & MSP)	CKD 4/5 and Dialysis Patients (Medicare primary only)	
Financial Incentives	HDPA + only PYs 1-3 +/-PPA (Home Dialysis and Transplant Rates (Waitlist and LD transplant)	AMCP with Home Dialysis True-Up CKD QCP KTB	
		No Cost Sharing but PBA	Shared Savings/Losses
		AAPM (KCF, CKCC Graduated 2, Professional & Global)	
Kidney Transplant Bonus	No	Yes	
Quality Measures	ESRD QIP	ESRD QIP + PAM, Depression Remission, Optimal ESRD Start	
Benefit Enhancements		Improved utilization KDE, Telehealth, Home Health, SNF, Hospice	

*Graduated Level 1&2, Professional, Global

CKCC Model – A Unique Structure
Kidney Contracting Entity (KCE)

Comprehensive Kidney Care Contracting (CKCC) Entity Structure



A KCE **must include** at least one nephrologist, nephrology group practice, and transplant provider.

A KCE **may include** dialysis facilities and other kidney care providers on an optional basis.

Transplant Providers include: Transplant centers, organ procurement organizations (OPO), transplant surgeons, and transplant nephrologists, among others.

KCE Transplant Nephrologists can serve as an aligning nephrologist or as a transplant provider, but not both.

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Kidney Care Choices Models
RFAs, Timeline, and Beneficiary Minimums

- Timelines for Cohorts 1 & 2
  - RFA for Cohort 1 released October 2019 with application deadline 1/22/2020
    - Revised Timeline announced 3/5/2021 with update 3/18/2021
    - 5 years: 1/1/2022 – 12/31/2026
  - RFA for Cohort 2 released 2/28/2022, due Date 3/25/2022, Notification in May 2022
    - Public release – 1/13/2023
    - 4 years: 1/1/2023 – 12/31/2026
- Beneficiary Minimums
  - KCF:↓ to 350+ CKD 4/5 beneficiaries, 200+ ESRD beneficiaries
    - May aggregate with 1-5 KCF practices for Minimums/Payment Adjustment
  - CKCC: ↓ to 750+ CKD 4/5 beneficiaries, 350+ ESRD beneficiaries
    - May aggregate with 1-5 KCEs if NO LDO affiliation

KCC models: Who's In PY2? (updated 1/13/2023)

KCC Model Option	Number Practices	Number CKD/ESRD Pts	Number Providers	States Included
KCF	2022: 20 (30) 2023: 10 new Current: 30	2023: 249,983 2022: 128,141	2023: 8398 2022: 4910	AL, AZ, CA, CT, FL, GA, MA, MS, NH, NV, NY, OR, TN, TX, VA, WA
CKCC Graduated	2022: 4 Level 1 2023: 0 Level 1 2023: 9 new Level 2 Current: 13 Level 2			AL, AK, AZ, CA, CO, FL, GA, ID, IN, KS, KY, MO, NC, NJ, NM, NY, OH, PA, SC, TN, TX, UT, VA, WA, WY
CKCC Professional	2022: 35 2023: 7 Graduated Level 2 2023: 14 new Current: 56			AL, AR, AZ, CA, CO, CT, DE, DC, FL, GA, IA, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, NC, NE, NJ, NM, NV, NY, OH, OK, OR, PA, SC, TN, TX, UT, VA, WI, WA, WV
CKCC Global	2022: 4 2023: 27 new Current: 31			AL, AZ, CA, CO, DC, DE, FL, GA, IA, IL, IN, MA, MD, MI, MN, NJ, NM, OH, OK, PA, RI, SC, TN, TX, VA, WI, WV

https://innovation.cms.gov/media/document/kcc-py23-participants

KCC models: CKCC (KCE) Affiliations PY2 (2023)

Organization	Graduated	Professional	Global	Total
Interwell Health		22	2	24
Davita		22		22
Panoramic Health		4	14	18
US Renal Care	7	2	1	10
Evergreen Nephrology		1	9	10
Strive Health	2	4	2	8
Dialysis Clinic, Inc.	3			3
Somatus			2	2
Satellite Healthcare			1	1
Carolina Kidney Partners	1			1
Renal Care 360		1		1
Total	13	56	31	100

https://innovation.cms.gov/media/document/kcc-py23-participant-starters

KCC – Beneficiary Eligibility/Alignment

- PROSPECTIVE alignment start of PY, Quarterly updates, RETROSPECTIVE reconciliation end of PY
  - PY2023 Q1: 12-month lookback (10/1/2021-9/30/2022) in October 2022

- ELIGIBILITY
  - CKD 4/5 or ESRD or received a functioning transplant (must be already aligned)
  - 18+ years old and NOT deceased
  - Reside in U.S.
  - Enrolled in Medicare Parts A and B, No MA, No MSP
  - No Hospice within last 3 months of alignment
  - No prior alignment to a Medicare ACO (except MSSP for KCF)
  - ≥ 50% of MCPs/CKD care in the KCF/KCE service area

- ALIGNMENT: Nephrologist/APP
  - CKD 4/5 – 2+ E&M visits/12 months, ≥ 50% Services within KCE Service Area
  - ESRD – 2+ MCP visits/3 months, ≥ 50% Services within KCE Service Area
  - Transplant – previously aligned by CKD/ESRD, functioning transplant for up to 3 years

KCC Payment Overview

- "Adjusted" Monthly Capitation Payment (AMCP)
- CKD Quarterly capitated payment (CKD QCP)
- Kidney Transplant Bonus (KTB)

- KCF ONLY: Performance-Based Payment Adjustments begin in PY2/3 (2023/2024), Q3
  - *"…adjusted capitated payments…" "…on the basis of health outcomes and utilization compared to both the participants' own experience and national standards"*

- CKCC ONLY: Shared Savings/Losses (CKCC Graduated 2, Professional, Global)
  - Excluded Costs:
    Kidney Transplant Related Costs
    Uncompensated Care
    Kidney Transplant Bonus
  - Additional Included Costs:
    AMCP, CKD QCP, TCC (Global)
    Sequestration
    ACO Payments

KCC Payment - AMCP

- DURING the PY:
  - Aligned beneficiaries with ESRD paid at the billed MCP using the 1, 2-3 or 4 visit/month rate
  - For 1-visit, ~$202 x 0.80 = ~$162 (2023)
  - For 2-3 visit, ~$294 x 0.80 = ~$235 (2023)
  - For 4-visit, ~$353 x 0.80 = ~$282 (2023)

- AFTER the PY:
  - Home Dialysis True-Up payment
    - CMS pays $35/visit for each aligned beneficiary for every home dialysis MCP claim as a lump sum annually
    - ~$294 x 0.80 = ~$235 + $35 = $270
    - EXCLUDED from the PBA in the KCF model

KCC Payment - CKD QCP

- Aligned beneficiaries with CKD 4/5
  - No risk adjustment

- 2-3 visit AMCP paid PBPQ prospectively to KCF/KCE: ((~$294 x 0.80) x 0.7)) = ~$165 (2023)

- Included Services:

Original RFA	Added October 2020
• OP E/M(99201-99205, 99211-99215) • Prolonged E/M(99354-99355) • TCM(99495-99496) • ACP(99497-99498) • AWV(G0402, G0438, G0439) • CC Management(99490)	• Complex CC Coordination(99487) • Home Care E/M(99348, 99349) • Prolonged Non-Face-to-Face E/M(99358*) • Assessment for Patients Requiring CC Management (GO506) • Online Digital E/M for Est. Patient(99421-99423) • Phone E/M(99441-99443) * 99358 discontinued CY2020 PFS Final Rule

- 30% payments withheld to be reconciled at the end of the PY for ALIGNMENT (20%) and LEAKAGE* (10%) adjustments

- FFS Payments remain for:
  - IP Care, Transplant Care, Non-aligned beneficiaries

KCC Payment - KTB

- Living or deceased donor or Artificial Kidney (when FDA approved)
- Transplant must remain functioning
- EXEMPT from Total Cost of Care (TCOC)

- Schedule of Payments

Installment	Transplants PY 2022-2024		Transplants PY 2025		Transplants PY 2026	
	Amount	Date of Payment	Amount	Date of Payment	Amount	Date of Payment
1st Installment	$2,500	1 year after transplant	$2,500	1 year after transplant	$2,500	1 year after transplant
2nd Installment	$5,000	2 years after transplant	$5,000	2 years after transplant	$2,500	1 year after transplant
3rd Installment	$7,500	3 years after transplant	$3,750	2 years after transplant	$3,750	1 year after transplant
Total KTB	$15,000		$11,250		$8,750	

- Allocation
  - CKCC: 20% nephrologist, 20% transplant provider, 60% KCE
  - KCF: 100% practice

KCC – Quality Performance

- Optimal ESRD Starts (NQF #2594)

- PROMs
  - Gains in Patient Activation Measure (PAM®) at 12 months (NQF #2483)
  - Depression Remission (12 months) – Progress Towards Remission (NQF # 1885)

- Measures under development
  - SMR for late-stage CKD and ESRD
  - Delay in Progression of CKD

KCC – Quality Performance

- KCF: QUALITY GATEWAY (PROMs) & PERFORMANCE BASED ADJUSTMENT (PBA)
  - Quality Gateway Measures
    - PROMs
  - PBA - Utilization Measures
    - Optimal ESRD Starts
    - Per Capita Costs Measures (TCOC for CKD 4/5 & ESRD ALIGNED beneficiaries)

- CKCC: QUALITY WITHOLD - 100% quality score to fully recoup quality withhold
  - Cohort 1 – Achievement (Benchmark) & Improvement (Self) – Higher score awarded
  - Cohort 2 – Achievement ONLY
    - Trended, risk adjusted benchmark

  - TQS = 100 X ((Optimal ESRD Starts (50%), PAM (25%), Depression Remission (25%))/2

  - Achievement: 0 pts (< 30%), 0.5 (≥30%-<50%), 1 (≥50%-<75%), 1.5 (≥75-<90%, 2 (≥90%)
  - Improvement: 0 pts (No change or worse), 0.5 (>0%-<5%), 1 (≥5%-<10%), 1.5 (≥10%)

KCC – Optimal ESRD Starts

- Includes:
  - Preemptive transplant
  - Initiate HHD as an OP without a CVC
  - First ICHD as an OP without a CVC
  - ≤ 10% using an AVG – REMOVED prior to PY1 (2022)
  - Initiate RRT with PD

- CMMI will use EQRS (CROWNWeb) – ACCURATE 2728

- CKCC: 50% of total quality score, P4P

- CKCC Achievement - Cohorts 1&2
- CKCC Improvement – Cohort 1 ONLY

- ~ 6% of aligned CKD beneficiaries will initiate RRT/PY

- Optimal starts save ~$11,300/patient

KCC – Patient Activation (PAM®)

- Assess patient's knowledge, skills and confidence to effectively manage own health
  - NQF endorsed & designed to measure improvements in patient activation

- PAM® survey – 13 question survey tool developed by Phreesia (Insignia Health)
  - Levels 1-4

- Survey administered to ≥ 50% aligned beneficiaries within PY at SEMI-FINAL RECONCILIATION (≥ 4 months apart) with ≥3-point ↑ across KCE/KCF practice
  - PY1 (2022): EXCLUDES Level 4
  - PY2 (2023): INCLUDES Level 4
  - Phreesia provides training to Nephrology Practices and Dialysis Facilities

- CKCC: 25% of total quality score, P4P

- CKCC Achievement - Cohorts 1&2
- CKCC Improvement – Cohort 1 ONLY

Cukor D et.al. Patient Activation Measure in Dialysis Dependent Patients in the United States. JASN July 2021

KCC – Depression Remission at 12 Months

- Targets patients with a diagnosis of major depression/dysthymia AND a PHQ-9 score > 9
- CKCC: 25% of total quality score, Cohort 1 - P4R, Cohort 2 – P4P
- Cohort 1
  - Administer baseline PHQ-9 (1/1/2023-10/31/2023) ≥ 50% aligned beneficiaries at SEMI-FINAL RECONCILIATION (aligned & excluded)
  - Must document an assessment in ≤ 7 days IF PHQ-9 > 9
  - If a diagnosis of major depression/dysthymia exists, this establishes an INDEX EVENT for PY 2024
    - Follow-up PHQ-9 12+/- 2 months AFTER baseline
  - Improvement based on O/E PY2024 vs PY2025
- Cohort 2
  - Administer a baseline OR follow-up PHQ-9 ≥ 50% aligned beneficiaries at SEMI-FINAL RECONCILIATION (aligned & excluded)
  - INDEX EVENT patients: Follow-up compared with baseline PHQ-9
    - Follow-up PHQ-9 12+/- 2 months AFTER baseline
  - SUCCESS: ≥ 50% reduction in PHQ-9
  - Improvement based on O/E PY2023 vs PY2024

CKCC – Quality Performance Benchmarks – PY 2 (2023)

Percentile	Points	PAM®	Depression Response[1,2]	Optimal Starts PY 2022[3]	Optimal Starts PY 2023[4]
<30th %-tile	0	Average PAM® score increase < 3pts	6.72%	<25%	32.88%
≥30th-< 50th %-tile	0.5		10.08%	25%	38.27%
≥50th-< 75th %-tile	1.0		15.46%	40%	44.12%
≥75th-< 90th %-tile	1.5		21.50%	50%	50.38%
≥90th %-tile	2.0	Average PAM® score increase > 3 pts	>21.50%	66.67%	>50.38%

[1] Apply to Cohort 1 KCEs only
[2] KCEs risk-adjusted performance rate (12 months) used for comparison to benchmarks
[3] vs 2019
[4] vs 2021

KCF Performance Based Adjustment (PBA)

- Impacts AMCP (EXCLUDES Home Dialysis True-Up) and CKD QCP to begin in Q3 of PY2 (2023) or PY3 (2024)
  - +20% to -20% adjustment based on Quality Performance

- Step 1 – RELATIVE PERFORMANCE (RP) on QUALITY GATEWAY MEASURES
  - Gains Patient Activation (PAM), Depression Remission at 12 months
    - PASS: RP levels 1-5 (go to Step 2)
    - FAIL: RP level 5 and CANNOT receive Continuous Improvement (CI) vs. SELF

- Step 2 - RP on UTILIZATION MEASURES vs. KCF Practices
  - Optimal ESRD Starts, Reduced Cost of Care
  - Top 50% - RP levels 1 or 2 (+)
  - Bottom 50% - go to Step 3

- Step 3 - RP on UTILIZATION MEASURES vs. NATIONWIDE Practices
  - > 50% - RP level 3 (0)
  - >25%-50% - RP level 4 (-)
  - ≤25% - RP level 5 (-)
    - Assess RP, Cohort 1 - 2023 and beyond (+/-), Cohort 2 – 2024 and beyond (+/-)
    - Threshold for CI, Cohort 1 – 2024 and beyond (+), Cohort 2 – 2025 and beyond (+)
      - Achieved – PBA = RP + CI
      - NOT achieved – PBA = RP only

Payment KCF
PBA Metrics – the whole story

RP Level	% KCF Practices (STEP 2)	%Nationwide Practices (STEP 3)	RP Adjustment	% Improvement Needed for CI Adjustment	CI Adjustment	RP + CI Adjustment
1	≥ 75%		+10%	+3.5%	+10%	+20%
2	> 50%-74%		+2%	+4.0%	+5%	+7%
3	≤ 50%	> 50%	0%	+4.5%	+4%	+4%
4	≤ 50%	> 25% - 50%	-6%	+4.5%	+4%	-2%
5	≤ 50%	≤ 25%	-20%	+5.0%	+10%	-10%
5	Did NOT pass Quality Gateway (STEP 1)		-20%	N/A	N/A	-20%

Reduced levels from 8 to 5, Decreased + adjustment, Maintained - adjustment, Adjusted CI targets and %s

KCF Payment
PBA – Timing of Adjustments

PBA Payment Applied	2022 (PY1)				2023 (PY2)				2024 (PY3)				2025 (PY4)				2026 (PY5)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
PY2Q3-PY3Q2 RP only - Cohort1	Measure				Calculate		Adjust													
PY3Q3-PY4Q2 RP + CI - Cohort1 RP only - Cohort2					Measure				Calculate		Adjust									
PY4Q3-PY5Q2 RP + CI – Cohort 1 & 2									Measure				Calculate		Adjust					
PY5Q3-PY5Q4 RP + CI – Cohort 1 & 2													Measure				Calculate		Adjust	

Measurement Period	Data collection on measure performance concludes at the end of the Measurement Period
Calculation Period	PBA amount calculated during Calculation Period based on performance during the PBA Performance Period
Adjustment Period	PBA applied to the AMCP (excluding the Home Dialysis True-Up) and CKD QCP during the PBA payment Adjustment Period

CKCC Shared Savings/Losses Summary of Options

	Graduated (≤ 500 facilities)	Professional	Global
Description	• PY1(Level 1) - 40% shared savings/0% shared losses • PY2(Level 2)– 50% shared savings/30% shared losses • Transition to Professional after 1 or 2 years	50% shared savings/losses for TCOC Part A&B	100% shared savings/ losses for TCOC Part A&B
Risk Sharing	• Shared savings ONLY or shared savings/limited shared losses	• 50% shared savings/losses • Must be <5% of Benchmark	• 100% shared savings/losses • Must be <25% of Benchmark
Risk Corridors (4)	Yes (Level 2)	Yes	Yes
Benchmark (ESRD) Discount	No	No	• 3% PY1&2 • PY3+, increases 1%/yr
Quality Withhold	PY1 – 0%, PY2 – 2.5%	5%	5%
Total Care Capitation	No	No	Possible after PY1

Financial Benchmark – ESCO vs CKCC

	ESCO	CKCC
Expenditures: Baseline/Historical	2012/2013/2014 (equal weights)	2017/2018/2019 (10%/30%/60%)
Expenditures: DC/KCC (MA) Rate Book	No	Yes (35% → 50%)
Trend	National reference population (black box)	Adjusted US per Capita Costs (USPCC)
Risk adjustment	Risk score ratios (black box)	Risk adjustment/standardization with coding intensity mitigation
Reporting	Retroactive (6-12 months)	Prospective (as claims are received)
Transparent/Reproducible	No	Yes

CKCC Benchmark Construction

- Step 1 – Determine Baseline/Historical Expenditures
  - Fixed 3-year period for the duration of the KCC model
    - Weighted historical expenditures for aligned beneficiaries:
      - 2017-10%, 2018-30%, 2019-60%
  - Baseline expenditures UPDATED each year
    - Use a KCEs most recent Participant List
- Step 2 – Apply Trending and Geographic Adjustment Factor (GAF)
  - Trending determined by the year-over-year projected %-change in the U.S. Per Capita Cost (USPCC)
    - USPCC developed annually (CMS Office of the Actuary)
    - Adjusted FFS USPCC - separate for CKD 4/5 (Aged/Disabled) and ESRD
  - GAF Adjustments to the USPCC Growth Trends
    - Intended to PREVENT the benchmarks from being understated or overstated because of differences in local price adjustments used to calculate provider and supplier payments between the BASELINE period and the PERFORMANCE Year
    - Accounts for variations in the COST-OF-DOING-BUSINESS ADJUSTMENTS

CKCC Benchmark Construction

- **Step 3 – Incorporate Regional Expenditures**
  - CMS incorporates **regional expenditures** into the **historical baseline** to generate **PY benchmarks**
  - Test the use of the county level benchmarks from an **ACO REACH/KCC Rate Book** for upcoming PY
    - Modeled after the MA Rate Book with adjustments
      - Exclusion of adjustments based on health plan performance
      - Removal of quartile adjustments
      - Reduction in Calendar Years contributing to the rate book (7 vs 3)
      - Removal of Excluded Expenditures
    - Separate estimates for ESRD (State) and CKD4/5-Aged/Disabled (County)
    - Provides risk-standardized rates for counties published PROSPECTIVELY for each PY
  - BLEND regional expenditures with the KCEs historical baseline expenditures which have been trended forward in determining a KCEs PY benchmarks (Maximum Adjustment +5% or -2%)

Benchmark Component	PY 1 (2022)	PY 2 (2023)	PY 3 (2024)	PY 4 (2025)	PY5 (2026)
KCE's Weighted Baseline Expenditure	65%	65%	60%	55%	50%
KCE's Weighted Regional Rate	35%	35%	40%	45%	50%

CKCC Benchmark Construction

- **Step 4 - Risk adjustment for PY**
  - Benchmarks account for differences in the risk of aligned beneficiaries in the Baseline and Performance Years
  - Based on the Prospective CMS Hierarchical Condition Category (HCC) Risk Model
  - Relies on provider-supplied diagnostic codes for a PRIOR CY to predict costs in the PY
  - NGACO Risk Score Cap (available AFTER end of the PY) to MITIGATE Coding Intensity:
    - CKD 4/5: +/- 6%
    - ESRD: +/- 3%
    - Reference Year for Application of the Percentage Cap to KCE Risk Scores

Performance Year	Reference Year
PY1 – 2022	2020
PY2 - 2023	2020
PY3 - 2024	2022
PY4 – 2025	2023
PY5 – 2026	2024

CKCC – What are Risk Scores?

RISK ADJUSTMENT CONCEPTS

Risk Score Factors

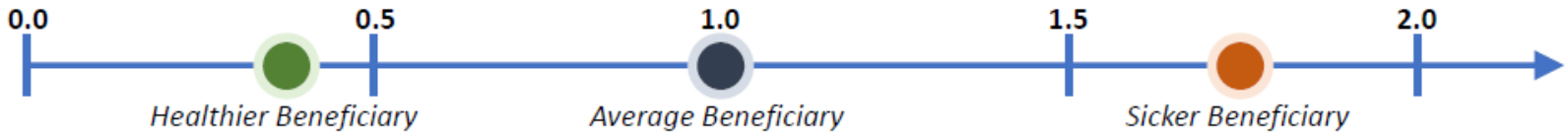
CMS uses risk adjustment to adjust payments based on the demographics and health risk of a beneficiary

Risk scores are derived for a beneficiary using a combination of demographic and disease-based factors

Demographic Factors
Age, Disabled Status, Medicaid Status, etc.

Disease-Based Factors
ICD-9/10 codes on claims are mapped to Hierarchical Condition Categories (HCCs)

The average Medicare beneficiary with average expenditures will have a risk score equal to 1.0. Sicker beneficiaries with predictably higher costs of care will generally have a higher risk score (e.g.,1.5 or 2.0)



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CKCC - CMS HCC Prospective Model

Risk Scores for NGACO 2018 Aligned Beneficiaries

	Non CKD	CKD4	CKD5
Normalized Prospective Risk Score	0.99	2.26	2.65
NGACO SSE Nominal Expenditure	$924	$2,185	$2,520

CKCC Benchmark Construction

- **Step 5 – Apply Discount and Quality Adjustments**
- **Discount Withhold Adjustment**
  - Discount applied to **ESRD** Benchmark for **Global Option only**
    - 3% (PY1 & 2)
    - 4% (PY3)
    - 5% (PY4)
    - 6% (PY5)

- **CKD Upward Adjustment – DELAY PROGRESSION**
  - ↑ the CKD benchmark by 1% x number beneficiary months continuously aligned to the KCE for > 24 months beginning in PY 1 (2022 or 2023)
  - Adjustment applied beginning in PY3 (2024 or 2025)
  - (PMPM CKD Benchmark) x 0.01 x (# CKD beneficiary-months continuously aligned > 24 months)

CKCC Benchmark Construction

- Step 5 – Apply Discount and Quality Adjustments
- Quality Withhold Adjustment
  - 0%→2.5% quality withhold for Graduated
    - 0% (Level 1, PY1)
    - 2.5% (Level 2, PY2), MUST move to Professional Model PY2 or 3
  - 5% quality withhold for Professional and Global

- High Performers Pool – PY2 (2023): SUM of points earned (top 1/3)

Cohort	Measure	Comparison	Requirement	Points
1 & 2	PAM®	KCEs avg change score	≥6 points	2.0
			<6 points	0
1	Depression Response	KCEs performance vs benchmark	≥75th %-tile	2.0
			≥50th-<75th %-tile	1.0
			<50th %-tile	0
1 & 2	Optimal Starts	KCEs performance vs benchmark	≥90th %-tile	2.0
			≥75th-<90th %-tile	1.0
			<75th %-tile	0

KCC Benefit Enhancements, Beneficiary Engagement Incentives and Waivers

- **KDE**
  - Allow auxiliary personnel to provide, stage 4 + stage 5 CKD & ESRD (1st 6 months), delays outcome assessment, delaying initiation of dialysis “as applicable”, waives cost share
- **Telehealth**
  - Waives rural requirements
- **Post-Discharge Home Visit**
  - Allows “general” supervision of auxiliary personnel, up to 9 visits within 90 days
- **Home Health**
  - Waives “confined to home” requirement
- **Hospice**
  - Allows concurrent care
- **3-day SNF (CKCC only)**
  - Waives 3-day hospital stay requirement for admission
- **Cost-Sharing Support for Face-to Face Visits**
- **Chronic Disease Management Reward**

A Final Word
Advanced APM Participation and the 5% MACRA Bonus

- 2022 was the last year to earn the bonus (paid in 2024)

- H.R. 7791: Value in Health Care Act of 2020 - never advanced

- H.R. 4587: Value in Health Care Act of 2021 – never advanced
  - Introduced July 20, 2021
  - Would extend the 5% MACRA bonus for an additional 6 years
  - 12/1/22 – 41 cosponsors (28 Democrats, 13 Republicans)

- S.B. 5249: Preserving Patient Access to Value-Based Care Act
  - Introduced December 14, 2022
  - Introduced by Senators John Barrasso (R-WY) and Sheldon Whitehouse (D-RI)
  - Extend 5% MACRA bonus for an additional 2 years (~ 300,000 providers)
  - Ensures qualification thresholds remain attainable for participating providers

- Omnibus Bill 2022
  - Extended AAPM MACRA bonus for 2023 ONLY at 3.5% (paid in 2025)

Questions?

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