**CKCC Model Updates Seek to Mitigate RTA Effects**

**By Lauren Ahearn**

Following several calls for action by ASN, the Renal Physicians Association (RPA), and other community organizations, the Center for Medicare and Medicaid Innovation (CMMI) announced policy changes and updates on April 16, 2024, pertinent to the Comprehensive Kidney Care Contracting (CKCC) model, including changes to address the effect of the Retrospective Trend Adjustment (RTA) on the model and associated program modifications.

In the CKCC model, CMMI provides nephrologists with a “benchmark” (or baseline funding number) that is the government’s projection for what the total health care spending is expected to be during that year for an individual patient with kidney disease. Nephrologists invest in services and staff to enhance patient care and outcomes, comparing their expenditures against this benchmark to determine their performance in the model. Participants can benefit from savings if spending is lower than what is set in the benchmark.

Last year, CMMI announced an RTA for benchmark years 2022 and 2023 due to inaccurate projections on its part, resulting in reduced reimbursement or paybacks for participants in the model long after care is provided. Alarmingly, this is a precedent of a retroactive change to the benchmark after investment in care, nephrologists, dialysis facilities, and value-based care organizations raised concerns that the unforeseen financial risk could cause some participants to drop out of the model.

In response to these concerns, ASN and RPA sent a letter to the Department of Health and Human Services and CMMI urging the Centers for Medicare & Medicaid Services (CMS) to narrow the risk corridors within the model or consider other proposals to ensure continued participation in the CKCC by nephrologists and other participants (1). In addition, ASN and RPA urged Congress to request that CMMI address the RTAs potential impact on model participation (2). ASN was concerned that the RTA decision would unfairly hurt participants and could potentially reduce enrollment in innovative care models, inhibiting access to care focused on delaying the progression of kidney diseases and expanding patient choice.

ASN expressed support for this ban when it was first proposed by FTC in April 2023 (4). In April 2024, the Federal Trade Commission (FTC) voted 3 to 2 in favor of a near-total ban on noncompete clauses (1), which limit the ability of workers to change employers within an industry. FTC projects that this rule could reduce health care costs by up to $194 billion in the next decade. In both the proposed and final rule, it cited evidence that noncompete agreements encourage consolidation and drive-up health care prices (2). The American Medical Association estimates that between 37% and 45% of physicians are affected by “noncompete” (3).


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**References**


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**ASN Advocates for Increased Funding for US Transplant System**

**By Killian Gause**

On April 18, 2024, volunteer leaders of ASN met with their congressional delegations to discuss the need to provide $67 million in fiscal year 2025 for the Health Resources and Services Administration Organ Transplantation Program to implement the Se...