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Chronic Conditions Warehouse Virtual Research Data Center

Kidney Care Choices Model (KCC) Data File User Guide

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1.0 Overview

The Centers for Medicare & Medicaid Services (CMS) Innovation Center develops new payment and delivery models designed to improve the effectiveness and efficiency of specialty care. One of these specialty models is the Kidney Care Choices (KCC) model that enrolled patients starting January 1, 2022, and will continue through December 31, 2026. The KCC model aims to provide higher quality, coordinated care for Medicare beneficiaries with late-stage chronic kidney disease (CKD stages 4 or 5), end-stage renal disease (ESRD), and kidney transplant.

To achieve these goals, KCC entities receive payments for managing their aligned beneficiaries with CKD stages 4 or 5, ESRD, or a kidney transplant and CMS holds them financially accountable for cost, quality, and utilization outcomes. The KCC model options for participation include the CMS Kidney Care First (KCF) option and three Comprehensive Kidney Care Contracting (CKCC) options. This voluntary KCC model provides incentives to improve care management for Medicare fee-for-service (FFS) patients with CKD.

CMS uses the Chronic Conditions Warehouse (CCW) to develop and manage CMS research data resources. The CCW has complete (100%) Medicare enrollment and FFS claims data, obtained directly from CMS. CMS shares two annual KCC data files with CCW — the KCC provider file and the KCC aligned beneficiary file. Annual files will be available for each KCC model performance year. From this source data, the CCW team prepares data files to disseminate to researchers and CMS-approved government agencies under a Data Use Agreement (DUA) to obtain KCC data for research purposes. The CCW KCC provider and beneficiary alignment data files contain identifiable information. They are subject to the Privacy Act and other federal government rules and regulations (reference the [Research Data Assistance Center \[ResDAC\] website](#) for details on requesting Medicare data).

This guide provides researchers with information to clarify their work with KCC data files. [Appendix A](#) lists abbreviations used in this document.

2.0 Background

Patients with CKD may experience fragmented care and high-cost treatments that do little to slow disease progression. They also receive limited to no education about their disease and treatment options. In the CMS KCC model, groups of nephrologists (kidney doctors) and other kidney care providers and practices come together to take responsibility for patients who have late-stage CKD, ESRD, or a kidney transplant. They offer coordinated and seamless care (including dialysis, transplant, and if appropriate, end-of-life care). Additionally, model participants provide education to patients to help empower them to be more active in their care. Patients receive needed services while retaining the freedom to choose providers.

CMS designed the KCC model to delay the onset of ESRD, better prepare patients for dialysis, coordinate care across settings, and incentivize kidney transplantation. The KCC model creates a structure under which providers (nephrologists, transplant providers, dialysis facilities, and others) can voluntarily come together to provide care to Medicare FFS patients with kidney disease. KCC is composed of two model options, KCF and CKCC. The KCF and CKCC model options differ in important ways, including the characteristics of eligible providers and the potential level of risk borne under each option. In both model options, participating nephrology practices receive payments for CKD management, quality, and transplant outcomes. Under CKCC, practices can partner with transplant providers to form kidney contracting entities (KCEs) that are accountable for the total cost of care for aligned patients with CKD stage 4 or 5 or ESRD.

The KCC model performance period began on January 1, 2022, and will continue through December 31, 2026. It built upon the Comprehensive ESRD Care (CEC) model structure (in effect October 2015 through December 2020) in which dialysis facilities, nephrologists, and other health care providers formed ESRD-focused accountable care organizations. The KCC model adds strong financial incentives for health care providers to manage the care for Medicare beneficiaries with CKD stages 4 and 5 and ESRD. The KCC model's goals include improved care, delay in the onset of dialysis, and increased rates of kidney transplantation.

Although there are two KCC model options, KCF and CKCC, within CKCC there are three risk-based options for participation:

1. **KCF** — the KCF option, is open to participation by nephrology practices and their nephrologists and nephrology professionals only, subject to meeting certain eligibility requirements.

Participating nephrologists, nephrology professionals, and nephrology practices receive adjusted capitation payments for managing care of aligned beneficiaries with CKD stage 4 or 5, and for those on dialysis. CMS adjusts these payments on the basis of health outcomes and utilization compared to both the participants' own experience and national standards, and also performance on quality measures. In addition, KCF practices receive a bonus payment for every aligned beneficiary who receives a kidney transplant, with the full amount of the bonus paid over three years following the transplant provided the transplant remains successful.

2. **CKCC** — the three CKCC options are open to participation by KCEs. CMS requires KCEs to include nephrologists or nephrology practices and transplant providers, while dialysis facilities and other providers and suppliers are optional participants in KCEs.

In the CKCC model, graduated, professional, and global options, KCEs receive capitation payments that are similar to the capitation payments under the KCF option. KCEs take responsibility for the total cost and quality of care for their patients, and in exchange, can receive a portion or all of the Medicare savings they achieve.

The three CKCC options have distinct accountability frameworks:

- a. **CKCC graduated option** — this payment arrangement is based on the previous CEC model one-sided risk track allowing certain participants to begin under a lower-reward one-sided model and incrementally phase in to greater risk and greater potential reward.
- b. **CKCC professional option** — this payment arrangement is based on the professional option of the Global and Professional Direct Contracting model with an opportunity to earn 50% of shared savings or be liable for 50% of shared losses based on the total cost of care for Medicare Part A and B services.
- c. **CKCC global option** — this payment arrangement is based on the global option of the Global and Professional Direct Contracting model with risk for 100% of the total cost of care for all Parts A and B services for aligned beneficiaries.

Table 1. Payment option comparison

Payment options	Overview	Participants
CMS Kidney Care First (KCF)	Based on the Primary Care First model nephrology practices are eligible to receive payment adjustments for effective management of beneficiaries	Nephrologists/nephrology practices only
CKCC graduated	Based on existing CEC model one-sided risk track allowing certain participants to begin under a lower-reward one-sided model and incrementally phase in risk and additional potential reward	Must include nephrologists, nephrology practices, and transplant provider; may also include dialysis facilities, and other kidney care providers on an optional basis
CKCC professional	Based on the professional population-based payment option of the direct contracting model with 50% of shared savings or shared losses in the total cost of care for Parts A and B services	
CKCC global	Based on the global population-based payment option of the direct contracting model with risk for 100% of the total cost of care for all Parts A and B services for aligned beneficiaries	

CMS documented additional details related to the model design, as well as annual evaluation reports pertaining to the model, on the [CMS Innovation Center KCC website](#).

2.1 KCC Beneficiary Population

The patient is a key component of the KCC model design. Historically, the tendency was for patients with kidney disease to follow the most expensive path, with little prevention of disease progression and an unplanned start to in-center hemodialysis treatment. By increasing education and understanding of the kidney disease process, aligned beneficiaries may be better prepared to actively participate in shared decision making for their care.

Alignment is based on beneficiary claims. The KCC model aligns beneficiaries to a KCF practice or KCE only if they meet one of the following conditions (as well as satisfy other relevant eligibility criteria):

- Medicare beneficiaries with CKD stages 4 and 5
- Medicare beneficiaries with ESRD receiving maintenance dialysis
- Medicare beneficiaries who CMS aligned to a KCF practice or KCE by virtue of having CKD stage 4 or 5 or ESRD and receiving dialysis that then receive a kidney transplant

Alignment is based on where a beneficiary receives the majority of his or her kidney care. When an aligned beneficiary receives a kidney transplant, he or she will typically remain aligned to the model participant for three years following a successful kidney transplant or until the time a kidney transplant fails, at which point CMS would consider the beneficiary re-aligned if he or she meets the requirements for alignment by virtue of his or her ESRD.

The KCC beneficiary alignment files include only aligned beneficiaries.

2.2 KCC Participants

The KCC model aims to attract diverse types of health care providers operating under a common governance structure, with attention given to improved care for the affected population to reduce expenditures. CMS has established requirements for KCE's governance structure and beneficiary alignment, in addition to the payment, financial accountability, risk adjustment, and overlap rules.

KCF practices and KCEs focus on delaying the progression of CKD to ESRD, managing the transition onto dialysis, supporting beneficiaries through the transplant process, and keeping beneficiaries' healthy post-transplant.

- **KCC entities** — are ESRD-focused accountable care organizations. Each participating provider or practice has a KCC model-assigned entity ID. This also means for any given entity ID there are multiple records in the KCC provider data file, one for each participating provider (e.g., nephrologist) or practice (e.g., dialysis facility)

CMS requires any KCEs participating in one of the three CKCC options to include at least one nephrologist or nephrology practice and at least one transplant provider, while dialysis facilities and other providers and suppliers are optional participants in KCEs

- **KCF practices** — are nephrology practices in the KCF option. KCF practices consist of a nephrology practice and at least one nephrology professional. KCF practices receive payments for managing aligned beneficiaries with CKD stages 4 or 5, ESRD, or a kidney transplant and are eligible for upward or downward payment adjustments based on the quality of their performance and improvements in their performance over time. A KCF practice is the entity that participates in the KCF option
- **KCC providers** — are nephrology professionals including nephrologists or non-physician nephrology practitioners identified by an individual NPI. They furnish nephrology services or dialysis management services, or both

A nephrology professional is equivalent to an aligning provider. For the purposes of the model, CMS identifies transplant providers as a different participant type than nephrology professionals. The KCC model classifies transplant providers as transplant facilities, transplant organizations, or individual transplant providers.

Users of KCC data can identify model participant type by using the KCC_PRTCPNT_TYPE_CD field.

In performance year 2022 (PY2022), participants included 30 practices in KCF (comprised of 291 nephrology professionals and 133 transplant providers) and 55 KCEs in CKCC (comprised of 2,565 nephrology professionals and 2,217 dialysis facilities).¹ These participants spanned 33 states and the District of Columbia.

¹ [Kidney Care Choices \(KCC\) Model: First Annual Evaluation Report, Performance Year 2022](#) (Accessed 10/27/2025)

The list of KCC model participants (all providers and suppliers for each KCC entity) is available on the [KCC website](#).

2.3 KCC Performance Period

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. Health care providers interested in participating applied by January 22, 2020. Applicants selected for participation in the first cohort began an implementation period in late 2020, focusing on building necessary care relationships and infrastructure. The implementation period extended through 2021 to enable model participants to prepare to take on financial and population health accountability starting in January 2022. The first cohort of KCC model participants began their participation in the model performance period on January 1, 2022 (i.e., PY2022 is the first year of KCC data available).

3.0 CCW KCC Data Files

CMS uses CCW to develop and manage CMS research data resources. The CCW team obtains the annual KCC PY data files from CMS and disseminates them. The annual PY data from KCC includes two linkable data files: 1) information about the provider participants, and 2) information about the beneficiaries aligned with the KCC participants during the performance period.

The [CCW KCC data dictionary](#) identifies each variable in the data sets. Throughout this section, the CCW team writes SAS variable names in all capital letters.

3.1 KCC Provider Data

The KCC provider data file contains records for each practice and associated provider participating with a KCE for the KCC model. There is a separate file for each PY.

The KCC model-assigned entity ID (variable called KC_ENT_ID) identifies KCEs. They have multiple participating provider records to delineate the health care organizations and providers (i.e., participants) they contract with for their KCE. These provider participants are either practices or providers, and the fields populated in the provider file vary, as shown in [Table 2](#).

Table 2. KCC provider file variables

Types of data	Long SAS name	Label
KCC entity level	KC_ENT_ID	KCC model provider/supplier entity identifier
All participants	PRTCNT_TIN_NUM	Participant tax identification number
	KCC_PRTCNT_TYPE_CD	KCC model participant type
	PRTCNT_RLTNSHP_TYPE_CD	Participant relationship to provider/supplier entity (KCE) under the KCC model
	PRTCNT_FULL_LGL_NAME	Participant legal name
	PRTCNT_FIPS_STATE_CNTY_CD	Participant's address Federal Information Processing Standards (FIPS) code
	PRTCNT_LGCY_TIN_IND	Indicates a legacy Taxpayer Identification Number (TIN) for participant
Organization/practice-level	PRTCNT_ORG_NPI_NUM	Participant organization NPI
	PRTCNT_CCN	Participant CMS Certification Number (Facility Provider Number)
Individual provider level	PRTCNT_INDVDL_NPI_NUM	Participant individual NPI
	PRTCNT_1ST_NAME	Participant legal first name
	PRTCNT_LAST_NAME	Participant legal last name
	PRTCNT_SOLE_PRRTR_IND	Indicates TIN for participant is for sole proprietorship

The KCC provider file has one record for each KCC model provider/supplier entity (KC_ENT_ID). Although each record also has a PRTCNT_TIN_NUM, within a KC_ENT_ID there may be multiple PRTCNT_TIN_NUMs.

- The practice or facility-based providers, such as dialysis facilities or nephrology practices, have a PRTCNT_ORG_NPI_NUM. Dialysis facilities also have CCN (field called PRTCNT_CCN)
- The individual nephrologists have individual NPIs (PRTCNT_INDVDL_NPI_NUM)

A visual depiction of the record layout, using contrived examples, is in [Table 3](#).

Table 3. KCC provider file records example

KC_ENT_ID	Entity TIN	ORG_NPI	CCN	Individual NPI	Participant type
ABC	99888888	192837465	123456		DIALYSIS FACILITY
ABC	99776111	102030400			NEPHROLOGY PRACTICE
ABC	99888888			122334455	NEPHROLOGIST/SUPPLIER
ABC	99888888			277886644	NEPHROLOGIST/SUPPLIER

Data users may find it helpful to examine additional fields in the data file to understand other populated fields they can use for their study.

3.2 KCC Beneficiary Alignment Data

The KCC beneficiary alignment data file includes only beneficiaries who remain aligned to the KCC model following the final alignment reconciliation for that PY. The beneficiary alignment start date (BENE_ALGNMNT_STRT_DT) is the date from when CMS considers the beneficiary aligned to the KCC entity of the KCC model and remains unchanged from the beneficiary's initial alignment. Monthly beneficiary eligibility status code (KCC_ELGLTY_CD_01–KCC_ELGLTY_CD_12) indicates beneficiaries' eligibility for a given month as their eligibility may change from month to month. A beneficiary may be ineligible but aligned during a month.

The beneficiary alignment file contains one record per beneficiary. Since the KCC model can align beneficiaries to only one KCC entity during a PY, each beneficiary will have only one record in a PY. The CCW BENE_ID allows for linkage to other CCW data products (e.g., Medicare enrollment and claims). There is a separate beneficiary alignment file for each PY (field called PRFMNC_YR).

The KCC model information populated, as shown in [Table 4](#), with a combination of beneficiary demographic information and KCC model-related fields.

Table 4. KCC beneficiary alignment file variables

Types of data	Long SAS name	Label
Beneficiary level	BENE_ID	Encrypted CCW beneficiary ID
	BENE_BIRTH_DT	Beneficiary birth date
	BENE_DEATH_DT	Beneficiary death date
	BENE_SEX_CD	Beneficiary sex
	BENE_RACE_CD	Beneficiary race code
	BENE_STATE_CD	Beneficiary state
	BENE_ZIP_CD	Beneficiary ZIP code
KCC model level	KC_ENT_ID	KCC model provider/supplier entity identifier
	KCC_ENT_STRT_DT	KCC entity start date for the model
	BENE_ALGNMNT_STRT_DT	Beneficiary start date for alignment to KCC entity of the KCC model
	KCC_ELGLTY_CD_{MM}	Beneficiary eligibility status January through December (MM=01–12)
	KDNY_DEASE_STUS_CD_{MM}	Beneficiary kidney disease status January through December (MM=01–12)

The KCC data files contain the KCC_ENT_ID (and PY field) that researchers can use to join the files together for each PY. Remember that the KCC provider file has potentially multiple rows per KCC_ENT_ID; therefore, researchers may wish to process the data prior to attempting to join the files together.

4.0 Linking with Other CCW Data Files

By design, all beneficiaries in the KCC file are Medicare FFS beneficiaries with Part A and B coverage. Many of them also had Medicare Part D coverage.

CCW adds a unique CCW beneficiary identifier (the BENE_ID) in each data file delivered as part of the output package. The unique CCW beneficiary identifier provides a common link across all available data types, thus allowing data users to link the KCC data to beneficiary and claims data in the CCW.

The unique CCW beneficiary identifier field is specific to the CCW and does not apply to any other identification system or data sources. CCW encrypts this identifier and all data files before delivering the data files to researchers.

4.1 Medicare Part A, B, C, and D Enrollment Segment

The CCW Medicare enrollment data file is the Master Beneficiary Summary File (MBSF) that uses the CMS Common Medicare Environment (CME) database as its source. The MBSF contains many enrollment and other person-level variables in file “segments.” These segments are separate components of the file researchers may request. The [data dictionary and codebook](#) on the CCW website describe the variables contained in the MBSF.

The CCW team creates the MBSF for each calendar year. The MBSF contains demographic, entitlement, and enrollment data for beneficiaries who 1) CMS documents are alive for some of the reference year and 2) enrolled in the Medicare program during the file’s reference year. Reference year refers specifically to the calendar year accounted for in the MBSF. So, for example, the 2022 MBSF covers the year 2022 — that is the reference year.

This essential information for most study denominators appears in the base ABCD segment of the MBSF. For each of the MBSF file segments, there is one record for each BENE_ID. The additional segments of MBSF are 1) CCW Chronic Conditions, 2) CMS Other Chronic or Potentially Disabling Conditions (OTCC), 3) Cost and Use, and 4) National Death Index (NDI).²

Researchers may wish to obtain MBSF data fields for a population they identify within the KCC data files; for PY2022 KCC data, the corresponding MBSF would be 2022. Use the BENE_ID to perform this linkage. In the KCC beneficiary file, the BENE_DEATH_DT includes all known dates of death at the time the KCC model produces the file. This means the death dates span more than one year; however, the MBSF is an annual data file and only 2022 dates of death are available in the 2022 MBSF, for example. There are more dates of death in the KCC beneficiary file than in an annual MBSF. The KCC model may align beneficiaries to the KCC providers for only select months of the year, beginning with the bene alignment start date (BENE_ALGNMNT_STRT_DT). Monthly KCC eligibility fields indicate continued alignment (KCC_ELGLTY_CD_01–12).

² Researchers may only use the NDI files within the CCW Virtual Research Data Center (VRDC).

4.2 Medicare Part A and B Claims

The CCW includes Medicare institutional and non-institutional claims, and Medicare Part D prescription drug fill events. CMS historically limited the Medicare claims found in the CCW to FFS Part A and B claims only. The [Data Dictionaries](#) tab on the CCW website describes the variables in the FFS claims files; researchers may also reference the [CCW Medicare Administrative Data User Guide](#) on the CCW website.

The CCW team adds key variables to the data files to help researchers join them together as appropriate (e.g., the unique CCW-assigned beneficiary identifier [BENE_ID], the claim identifier [CLM_ID], the claim line/record number [CLM_LINE_NUM]). The CCW team uses the last date on the claim, referred to as the CLM_THRU_DT, to partition the claims into calendar year files.

Researchers may wish to obtain FFS claims data for a population they identify within the KCC data files. If interested in claims for a beneficiary population, they should use the BENE_ID to perform this linkage. Researchers may wish to examine claims data before, during or after the duration of the KCC or the KCC alignment period for the beneficiary. Researchers should select the months and years of the claims files to correspond with the desired period.

Table 5. Format and naming convention for the CCW files


File	File description
READ_ME_FIRST_REQ12345_2022.txt	This is a text file that describes the files contained in the output package. Filename example: READ_ME_FIRST_REQ12345_2022.txt
res000077777req012345_2022_PRVDRKCC.exe	This is the SDA executable that researchers must run to decrypt and decompress the KCC provider data file. In this example, 000077777 is the DUA number, 012345 is the request number, and 2022 is the year of the data. This executable includes v8 SAS read-in program, the .psv file, and .fts file containing the layout and record counts.
res000077777req012345_2022_BENEKCC.exe	This is the SDA executable that researchers must run to decrypt and decompress the KCC beneficiary alignment data file. In this example, 000077777 is the DUA number, 012345 is the request number, and 2022 is the year of the data. This executable includes v8 SAS read-in program, the .psv file, and .fts file containing the layout and record counts.

Table 6. KCC SDA contents

File	File description
provider_kcc_res<0000nnnnn>_req<0nnnnn>_2022.psv provider_kcc_res<0000nnnnn>_req<0nnnnn>_2022.fts provider_kcc_read_v8.sas	This set of files is for the KCC beneficiary alignment .psv (data) file, .fts (layout and record counts) file, and version 8 SAS read-in program.
beneficiary_kcc_res<0000nnnnn>_req<0nnnnn>_2022.psv beneficiary_kcc_res<0000nnnnn>_req<0nnnnn>_2022.fts beneficiary_kcc_read_v8.sas	This set of files is for the KCC provider .psv (data) file, .fts (layout and record counts) file, and version 8 SAS read-in program.

In addition to the specific data files the researcher requested, the CCW team includes a decryption resource file in the deliverable package. [Table 7](#) shows this file.

Table 7. CCW resources accompanying data files

File	Description
 Decryption instructions.pdf	This document contains instructions for decrypting/uncompressing the data files.

The encryption technique for files extracted from the CCW uses Pretty Good Privacy command line software. This method builds a compressed, encrypted, password protected file using a FIPS 140-1/140-2 approved AES256 cipher algorithm. The CCW team builds the SDA on the CCW production server, downloads it to a desktop PC, and burns it to a CD, DVD, or USB hard drive depending on the size of the files.

After the CCW team ships the data to the researcher, they send the password to decrypt the archive to the researcher via email. Each researcher request has a unique encryption. The CCW team never packages the password and the data media together. To decrypt the data files, the researcher accesses the email containing the decryption password. The data package contains detailed instructions for using this password.

6.0 Where to Get Assistance

Researchers interested in working with CCW data should contact [ResDAC](#). ResDAC is a CMS contractor, and researchers should first submit requests to ResDAC for assistance in the application, obtaining, or using the CCW data. They offer free assistance to researchers using Medicare data for research. The [ResDAC website](#) provides links to descriptions of the CMS data available, request procedures, supporting documentation, such as record layouts and SAS input statements, workshops on how to use Medicare data, and other helpful resources.

If a ResDAC technical advisor is unable to answer questions, the advisor directs the researcher to the appropriate person. If the researcher requires additional CMS data (data not available from the CCW) to meet research objectives, or has any questions about other data sources, the researcher should first visit the ResDAC website.

The CCW Help Desk staff provides assistance between 8:00 am to 5:00 pm ET, Monday through Friday (excluding most federal holidays). Contact the CCW Help Desk at ccwhelp@ccwdata.org or 1-866-766-1915.

Appendix A — List of Acronyms

Acronym	Definition
CCN	CMS Certification Number
CCW	Chronic Conditions Warehouse
CEC	Comprehensive end-stage renal disease (ESRD) care
CKCC	Comprehensive Kidney Care Contracting
CKD	Chronic Kidney Disease
CME	Common Medicare Environment
CMMI	Center for Medicare & Medicaid Innovation (CMS Innovation Center)
CMS	Centers for Medicare & Medicaid Services
DUA	Data Use Agreement
ESRD	End-stage renal disease
FFS	Fee-for-service
FIPS	Federal Information Processing Standards
KCC	Kidney Care Choices
KCE	Kidney contracting entity
KCF	CMS Kidney Care First
MBSF	Master Beneficiary Summary File
NPI	National Provider Identifier
PY	Performance year
ResDAC	Research Data Assistance Center
RIF	Research Identifiable File
SDA	Self-decrypting archive
TIN	Tax Identification Number
VRDC	Virtual Research Data Center