

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11505	Date: July 21, 2022
	Change Request 12791

SUBJECT: Concatenation of Multiple Separate Comma-Separated Values Files to One File - Update to CR 12492 - Implementation

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the number of files received by Companion Data Services (CDS) and Peraton on a monthly basis for the monthly report created by Fiscal Intermediary Shared System (FISS) as requested by Centers for Medicare & Medicaid Services (CMS) in CR 12492. The monthly report provides details on the total number of claims and dollars that were processed under the Facility Performance Payment Adjustment (PPA) for the End-Stage Renal Disease (ESRD) Treatment Choices (ETC) model.

EFFECTIVE DATE: January 1, 2023

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 3, 2023

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Demonstrations

Attachment - Demonstrations

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I. GENERAL INFORMATION

A. Background: The End-Stage Renal Disease (ESRD) Treatment Choices (ETC) Model is a mandatory model (demo code: 94) for which about a third of the nation’s dialysis facilities will be required to participate based on zip codes falling within selected geographic areas (which are 30 percent of all Hospital Referral Regions (HRRs) plus certain HRRs with Maryland ZIP codes as selected by CMS). The model started on January 1, 2021 and ends on June 30, 2027. The model includes two payment adjustments, the Home Dialysis Payment Adjustment (HDP) and the Performance Payment Adjustment (PPA), which apply to both the participating ESRD facilities and clinicians managing Medicare Fee-for-Service (FFS) beneficiaries with ESRD, referred to as Managing Clinicians. The PPA is an upward or downward payment adjustment made on all dialysis and dialysis-related claims between July 1, 2022 and June 30, 2027. It is dependent on participants’ performance on home dialysis rates and transplant rates and applies to participating ESRD facilities who are paid through the ESRD Prospective Payment System (PPS). CR 12492 is implementing this payment adjustment and provides a monthly report that provides the total dollar amounts, claims, etc. for the claims adjusted by the Facility PPA.

B. Policy: Section 1115A of the Social Security Act (the Act) (added by Section 3021 of the Affordable Care Act) (42 U.S.C. 1315a) authorizes the Center for Medicare & Medicaid Innovation to test innovative payment and service delivery models that have the potential to lower Medicare, Medicaid, and Children's Health Insurance Program spending while maintaining or improving the quality of beneficiaries’ care.

The CMS Innovation Center (“Innovation Center”) is proposing a Medicare Program; Specialty Care Models to Improve Quality of Care and Reduce Expenditures rule, which will include a new Medicare Part B mandatory payment model called End-Stage Renal Disease (ESRD) Treatment Choices (ETC) Model, implemented on January 1, 2021. The ETC Model will be a mandatory payment model focused on encouraging greater use of home dialysis and kidney transplants, in order to preserve or enhance the quality of care furnished to Medicare beneficiaries while reducing Medicare expenditures. The ETC Model will include ESRD facilities and certain clinicians caring for beneficiaries with ESRD – or Managing Clinicians – located in selected geographic areas as participants.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility										
		A/B MAC			D M E M A C	Shared-System Maintainers				Other		
		A	B	H H H		F I S S	M C S	V M S	C W F			
12791.1	The contractor shall generate the Report (referred to in CR 12492.13.1) at the Virtual Data Center (VDC) Level, creating a separate report each for the User Acceptance Testing (UAT) and (PROD) environments.					X					VDC	
12791.2	The contractor shall generate an email informing of the production of the report when the separate VDCs data is combined into one file.					X					VDC	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Heather Maldonado, heather.maldonado@cms.hhs.gov , Manasa Peddy, manasa.peddy@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0