CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11967	<b>Date: April 20, 2023</b>
	Change Request 13091

### SUBJECT: Update Existing Emails to Distribution List for CR 12791 - Implementation CR

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to update the existing hard coded emails to a distribution list, so that any changes in personnel do not require the creation of a new CR.

### **EFFECTIVE DATE: October 1, 2023**

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

**IMPLEMENTATION DATE: October 2, 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**

SUBJECT: Update Existing Emails to Distribution List for CR 12791 - Implementation CR

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#### I. GENERAL INFORMATION

**A. Background:** CR 12791 was implemented to concatenate multiple reports into one single file. In this CR, it was requested that an email be sent to CMS and the CMS-contractor working on the model to inform when this report was generated and ready for distribution. However, the emails provided were individual personnel email and there is a change in personnel which requires an update. Therefore, instead of updating individual emails and therefore the need for the creation of a new CR, we are requesting to update these emails to a distribution list instead.

**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											D	S	har	ed-		Other
		MAC											MAC M			M System		
					F		Е	Maintainers										
		A	В	Н		F	M	V	C									
				Н	M	I	$\mathbf{C}$	M	W									
				Н	A	S	S	S	F									
					C	S												
13091.1	FISS should replace the existing individual emails that					X												
	are hard-coded (as noted in CR 12791) to the																	
	following distribution emails instead:																	
	ETC SSM@air.org																	

Number	Requirement	Responsibility								
			A/B		D	Shared-				Other
		N	MAC		M	System				
					Е	Maintainers			ers	
		A	В	Н		F	M	V	C	
				Н	M	I	C	M	W	
				Н	A	S	S	S	F	
					С	S				
	ETC_SSM_CMS@cms.hhs.gov									

#### III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spoi	nsib	ility	
			A/B		D	C
		1	MAC	$\mathbb{C}$	M	Е
					Ε	D
		Α	В	Н		I
				Н	M	
				Н	A	
					С	
	None					

#### IV. SUPPORTING INFORMATION

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

<sup>&</sup>quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

#### V. CONTACTS

 $\label{lem:pre-Implementation Contact} \textbf{Pre-Implementation Contact(s):} \ Manasa\ Peddy,\ manasa.peddy@cms.hhs.gov\ ,\ Jonathan\ Rudy,\ jonathan.rudy@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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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.

**ATTACHMENTS: 0**