

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 13177</b>	<b>Date: April 17, 2025</b>
	<b>Change Request 14050</b>

**SUBJECT: Update End Stage Renal Disease (ESRD) Treatment Choices (ETC) Model Change Requests (CRs) to Exclude Acute Kidney Injury (AKI)**

**I. SUMMARY OF CHANGES:** The purpose of this CR is to ensure that AKI claims are not included in the ETC Model for claims processing, as they are excluded from the model.

**EFFECTIVE DATE: July 1, 2020**

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

**IMPLEMENTATION DATE: May 5, 2025**

*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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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:**

**One Time Notification**

# Attachment - One-Time Notification

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**II. GENERAL INFORMATION**

**A. Background:** The ETC Model is a mandatory model (demonstration 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 (HDPA) 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 model includes dialysis claims for determination of the performance; however, it does not include AKI claims.

**B. Policy:** The ETC model includes dialysis claims for payment adjustments in the model based on performance or type of dialysis (such as home dialysis for the HDPA). However, the model excludes AKI claims from the model for all payment and performance related adjustments.

**III. BUSINESS REQUIREMENTS TABLE**

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14050.1	FISS shall exclude AKI claims from the ETC model claims (demo 94).					X				

**IV. PROVIDER EDUCATION**

None

**Impacted Contractors:** None

## V. 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:
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**Section B: All other recommendations and supporting information: N/A**

## VI. CONTACTS

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

## VII. FUNDING

### **Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**