

Diabetic Supplies Utilizers

Health Status Outcomes Summary

No changes in beneficiary health outcomes resulting from the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program have been observed to date.

These materials contain the mortality and morbidity rates for one group of beneficiaries being monitored: the mail-order diabetic supplies utilizer group. Utilizer Groups are composed of Medicare beneficiaries who have a claim for the product in the month of observation or any of the previous three months. Access Groups include beneficiaries who are likely to use the product and are determined by whether a beneficiary has a condition related to product use.

The health outcomes being measured are deaths, hospitalizations, emergency room visits, physician visits, admissions to skilled nursing facilities, average number of days spent hospitalized in a month, and average number of days in a skilled nursing facility in a month.

Rates for the National Mail-Order (NMO) competitive bidding areas (CBAs) are divided between Round 1 and Round 2 CBAs, and all the remaining NMO CBAs (Rest of NMO). Since Round 1 CBAs were subject to competitive bidding for mail-order diabetic supplies prior to the NMO program, this division allows us to observe any changes in outcome rates in regions subject to policy changes prior to the NMO program. Comparator regions are not used for mail-order diabetic supplies as they are now a nationally bid product. In general, outcome rates in Round 2 regions and the remaining NMO CBAs continue in line with historical rates for Round 1 regions.

It is important to note that mortality and morbidity rates generally display seasonal trends. The first quarter of each year typically has elevated rates of mortality and morbidity; however, the trends generally mirror past seasons.

Additionally, rates that appear more variable tend to be based on a smaller number of beneficiaries. For example, the Utilizer Groups have fewer beneficiaries than the Access Groups, so rates for the Utilizer groups tend to be more variable.

NOTE:

Beginning with public use files utilizing data through the third quarter of 2014, we redefined access groups to include only beneficiaries with ICD-9 diagnosis codes that are considered highly related to product use. Prior to this update, access groups were defined using related condition categories (CCs) based on the Centers for Medicare & Medicaid Services (CMS) beneficiary risk adjustment model. Because Medicare makes periodic updates to its risk adjustment model, the ICD-9 diagnosis codes that are aggregated under a given CC can change over time. As a result, our CC-defined access groups may include ICD-9 diagnosis codes that are not as closely associated with product category usage. Redefining

access groups using pre-specified sets of ICD-9 diagnosis codes, instead of CCs, allows us to remove these unrelated diagnoses and improve the accuracy of our access groups.

Introduction

Folder Name: Diabetic_Supplies_Utilizers_Thru_Sept_2014

Upload Date: 2015.01.13

Observation Period: 01/01/2011 to 9/30/2014

Claims Processed Through: 1/2/2015

Beneficiary Enrollment Through: November 2014

Data Types: Original Medicare (Part A and Part B) Claims; Medicare Enrollment Data

Purpose: To summarize mortality and morbidity outcomes in the diabetic supplies utilizer group in Round 1 CBAs, Round 2 CBAs, and all remaining NMO regions aggregated at the DME region level.

Each CSV file in this folder refers to a specific outcome of interest. Each of the outcomes is defined in the Specifications section.

Specifications

Study Population and Definitions

- Utilizers: All persons who, during the month of observation, were enrolled in Original Medicare and living in a ZIP code covered by the NMO competitive bidding policy and had a claim for a mail-order diabetic supply in the month of observation or any of the previous three months.¹
- Round 1 CBAs: Includes all areas in which the competitive bidding policy was originally implemented for Round 1, and subsequently for the NMO program
- Round 2 CBAs: Includes all areas in which the NMO competitive bidding policy was implemented for mail-order diabetic supplies, excluding Round 1 CBAs
- Rest of NMO: Includes all NMO regions except Round 1 and Round 2 CBAs

Outcome Definitions:

- Death: As observed in the Medicare Enrollment Database
- Hospitalization: As indicated by the service date of Inpatient (IP) claim
- ER: As indicated by the service date of Outpatient (OP) claim with emergency room flag
- Physician Visit: As indicated by the service date of Carrier (PB) claim
- SNF Admission: As indicated by the date of admission to a skilled nursing facility (SNF)
- IP Days: As indicated by the dates on a beneficiary's IP claims

¹ Source:

- [Round 1 CBAs](#);
- [Round 2 CBAs](#);
- [Product Category HCPCS](#)

- SNF Days: As indicated by dates on a beneficiary's SNF claims