

Enteral Nutrients Access Group

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 enteral nutrients access 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. Note that the enteral nutrients access group comprises beneficiaries who are likely to need enteral nutrients.

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 in Round 2 Competitive Bidding Areas (CBAs) are compared to historical rates in Round 1 CBAs and in non-competitive bid regions. In general, outcome rates in Round 2 CBAs continue in line with historical rates. Additionally, they also track closely with rates in non-competitive bid 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 and are closely matched by the non-competitive bid regions.

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: Enteral_Nutrients_Access_Group_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 enteral nutrients access group in Round 1 and Round 2 CBAs and non-competitive bid 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

- Access Group: Beneficiaries with a claim that indicates eligibility and who were living in a ZIP code in a Round 1 or Round 2 CBA or non-competitive bid region in the given month or any of the prior three months.¹ Eligibility is determined by a beneficiary's health conditions, as defined by the following ICD-9 diagnosis codes:
 - 53086 Infection of esophagostomy
 - 53087 Mechanical complication of esophagostomy
 - 53640 Gastrostomy complication, unspecified
 - 53641 Infection of gastrostomy
 - 53642 Mechanical complication of gastrostomy
 - 53649 Other gastrostomy complications
 - 56960 Colostomy and enterostomy complication, unspecified
 - 56961 Infection of colostomy or enterostomy
 - 56962 Mechanical complication of colostomy and enterostomy
 - 56969 Other colostomy and enterostomy complication
 - 56971 Pouchitis
 - 56979 Other complications of intestinal pouch
 - V441 Gastrostomy status
 - V442 Ileostomy status
 - V443 Colostomy status
 - V444 Status of other artificial opening of gastrointestinal tract
 - V4450 Cystostomy, unspecified
 - V4451 Cutaneous-vesicostomy
 - V4452 Appendico-vesicostomy

¹ Source:

- [Round 1 CBAs](#);
- [Round 2 CBAs](#)

- V4459 Other cystostomy
- V446 Other artificial opening of urinary tract status
- V448 Other artificial opening status
- V449 Unspecified artificial opening status
- V551 Attention to gastrostomy
- V552 Attention to ileostomy
- V553 Attention to colostomy
- V554 Attention to other artificial opening of digestive tract
- V555 Attention to cystostomy
- V556 Attention to other artificial opening of urinary tract
- V558 Attention to other specified artificial opening
- V559 Attention to unspecified artificial opening
- Round 1 CBAs: Includes all areas in which the competitive bidding policy was implemented for Round 1
- Round 2 CBAs: Includes all areas in which the competitive bidding policy was implemented for Round 2
- Non-Competitive Bid Regions: Includes all regions nationally that are not part of Rounds 1 or 2 of competitive bidding

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