

# Oxygen Access Group

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## 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 oxygen 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 oxygen access group comprises beneficiaries who are likely to need oxygen supplies and equipment.

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.

To control for historical trends, each competitive bidding area (CBA's) historical baseline for each rate is provided, beginning in January 2011. Historical rates for both Round 2 CBAs and non-CBAs are provided for each of the four DME MAC regions to provide context for the Round 1 Recompete CBA rates. The rates in Round 1 Recompete CBAs continue in line with historical rates and they also track closely with rates in non-competitive bid regions.

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.

### **\*IMPORTANT\***

This update incorporates changes to our monitoring approach that commenced at the end of the Round 1 Rebid program on December 31, 2013, and due to the availability of complete data for the first full year of the Round 1 Recompete program that was implemented January 1, 2014. These changes include:

- Monitoring usage and health outcomes related to six additional product categories (Transcutaneous Electric Nerve Stimulation (TENS), Nebulizers, Infusion Pumps, Commode Chairs, Seat Lifts, and Patient Lifts) that were introduced under Round 1 Recompete. We monitor usage and health outcome rates in six corresponding utilizer groups, and seven access groups. For the infusion pump product category, we monitor rates in two separate access groups.

- Monitoring both Round 1 Recompete and Round 2 using the list of Healthcare Common Procedure Coding System (HCPCS) codes that are covered by Round 1 Recompete.
- Comparing trends between the three groups of beneficiaries (mentioned above) in Round 2 and Round 1 Recompete CBAs, instead of Round 1 Rebid CBAs.

## Introduction

Folder Name: Oxygen\_Access\_Group\_Thru\_Jun\_2015

Upload Date: 10/1/2015

Observation Period: 7/1/2011 to 6/30/2015

Claims Processed Through: 10/9/2015

Beneficiary Enrollment Through: September 2015

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

Purpose: To summarize mortality and morbidity outcomes in the oxygen access group in Round 1 RC 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 RC or Round 2 CBA or non-competitive bid region in the given month or any of the prior three months.<sup>1</sup> Eligibility is determined by a beneficiary's health conditions, as defined by any of the following ICD-9 diagnosis codes:
  - 27702 Cystic fibrosis with pulmonary manifestations
  - 4150 Acute cor pulmonale
  - 4160 Primary pulmonary hypertension
  - 4168 Other chronic pulmonary heart diseases
  - 4169 Chronic pulmonary heart disease, unspecified
  - 42833 Acute on chronic diastolic heart failure
  - 49120 Obstructive chronic bronchitis without exacerbation
  - 49121 Obstructive chronic bronchitis with (acute) exacerbation
  - 49122 Obstructive chronic bronchitis with acute bronchitis
  - 4920 Emphysematous bleb
  - 4928 Other emphysema
  - 49321 Chronic obstructive asthma with status asthmaticus
  - 49322 Chronic obstructive asthma with (acute) exacerbation

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<sup>1</sup> Source:

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

- 4941           Bronchiectasis with acute exacerbation
- 4959           Unspecified allergic alveolitis and pneumonitis
- 496            Chronic airway obstruction, not elsewhere classified
- 5080           Acute pulmonary manifestations due to radiation
- 5081           Chronic and other pulmonary manifestations due to radiation
- 515            Postinflammatory pulmonary fibrosis
- 5168           Other specified alveolar and parietoalveolar pneumonopathies
- 5169           Unspecified alveolar and parietoalveolar pneumonopathy
- 5172           Lung involvement in systemic sclerosis
- 5178           Lung involvement in other diseases classified elsewhere
- 5181           Interstitial emphysema
- 51881          Acute respiratory failure
- 51883          Chronic respiratory failure
- 51884          Acute and chronic respiratory failure
- 79901          Asphyxia
- 79902          Hypoxemia
- Round 1 RC CBAs: Includes all areas in which the competitive bidding policy was implemented for Round 1 RC
- 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 Round 1 RC or Round 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