

# Infusion Pump (Cancer) 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 infusion pump (cancer) 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. The CPAP and RADs access group comprises beneficiaries who are likely to need infusion pumps for cancer treatment.

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: Infusion\_Pump\_Cancer\_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 CPAP and RADs 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 the following ICD-9 diagnosis codes:
  - 1508 Malignant neoplasm of other specified part of esophagus
  - 1510 Malignant neoplasm of cardia
  - 1511 Malignant neoplasm of pylorus
  - 1512 Malignant neoplasm of pyloric antrum
  - 1514 Malignant neoplasm of body of stomach
  - 1516 Malignant neoplasm of greater curvature of stomach, unspecified
  - 1518 Malignant neoplasm of other specified sites of stomach
  - 1520 Malignant neoplasm of duodenum
  - 1521 Malignant neoplasm of jejunum
  - 1528 Malignant neoplasm of other specified sites of small intestine
  - 1530 Malignant neoplasm of hepatic flexure
  - 1531 Malignant neoplasm of transverse colon
  - 1532 Malignant neoplasm of descending colon

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<sup>1</sup> Source:

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

- 1533 Malignant neoplasm of sigmoid colon
  - 1534 Malignant neoplasm of cecum
  - 1535 Malignant neoplasm of appendix vermiformis
  - 1536 Malignant neoplasm of ascending colon
  - 1537 Malignant neoplasm of splenic flexure
  - 1538 Malignant neoplasm of other specified sites of large intestine
  - 1540 Malignant neoplasm of rectosigmoid junction
  - 1541 Malignant neoplasm of rectum
  - 1548 Malignant neoplasm of other sites of rectum, rectosigmoid junction, and anus
  - 1570 Malignant neoplasm of head of pancreas
  - 1571 Malignant neoplasm of body of pancreas
  - 1572 Malignant neoplasm of tail of pancreas
  - 1573 Malignant neoplasm of pancreatic duct
  - 1578 Malignant neoplasm of other specified sites of pancreas
  - 1962 Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
  - 1974 Secondary malignant neoplasm of small intestine including duodenum
  - 1975 Secondary malignant neoplasm of large intestine and rectum
  - 1976 Secondary malignant neoplasm of retroperitoneum and peritoneum
  - 1977 Malignant neoplasm of liver, secondary
- 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