

# Walkers 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 walkers 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 walkers access group comprises beneficiaries who are likely to need walkers.

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: Walkers\_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 walkers 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:
  - 430 Subarachnoid hemorrhage
  - 431 Intercerebral hemorrhage
  - 432 Other and unspecified intracranial hemorrhage
  - 4320 Non-traumatic extradural hemorrhage
  - 4321 Subdural hemorrhage
  - 4329 Unspecified intracranial hemorrhage
  - 43301 Occlusion and stenosis of basilar artery with cerebral infarction
  - 43311 Occlusion and stenosis of carotid artery with cerebral infarction
  - 43321 Occlusion and stenosis of vertebral artery with cerebral infarction
  - 43331 Occlusion and stenosis of multiple and bilateral precerebral arteries with cerebral infarction
  - 43381 Occlusion and stenosis of other specified precerebral arteries with cerebral infarction

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<sup>1</sup>Source:

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

- 43391 Occlusion and stenosis of other unspecified precerebral arteries with cerebral infarction
  - 43400 Cerebral thrombosis without mention of cerebral infarction
  - 43401 Cerebral thrombosis with cerebral infarction
  - 43411 Cerebral embolism with cerebral infarction
  - 43491 Cerebral artery occlusion, unspecified with cerebral infarction
  - 436 Acute, but ill-defined, cerebrovascular disease
  - 73314 Pathologic fracture of neck of femur
  - 73315 Pathologic fracture of other specified part of femur
  - 8080 Closed fracture of acetabulum
  - 8082 Closed fracture of pubis
  - 80841 Closed fracture of ilium
  - 80842 Closed fracture of ischium
  - 80843 Multiple closed pelvic fractures with disruption of pelvic circle
  - 80844 Multiple closed pelvic fractures without disruption of pelvic circle
  - 80849 Closed fracture of other specified part of pelvis
  - 8088 Closed unspecified fracture of pelvis
  - 8089 Open unspecified fracture of pelvis
  - 82000 Closed fracture of intracapsular section of neck of femur, unspecified
  - 82001 Closed fracture of epiphysis (separation) (upper) of neck of femur
  - 82002 Closed fracture of midcervical section of neck of femur
  - 82003 Closed fracture of base of neck of femur
  - 82009 Other closed transcervical fracture of neck of femur
  - 82020 Closed fracture of trochanteric section of neck of femur
  - 82021 Closed fracture of intertrochanteric section of neck of femur
  - 82022 Closed fracture of subtrochanteric section of neck of femur
  - 82031 Open fracture of intertrochanteric section of neck of femur
  - 8208 Closed fracture of unspecified part of neck of femur
  - 8209 Open fracture of unspecified part of neck of femur
  - 82100 Closed fracture of unspecified part of femur
  - 82110 Open fracture of unspecified part of femur
  - 82392 Open fracture of unspecified part of fibula with tibia
  - 8245 Bimalleolar fracture, open
  - 8246 Trimalleolar fracture, closed
  - 8249 Unspecified fracture of ankle, open
  - 8280 Closed multiple fractures involving both lower limbs, lower with upper limb, and lower limb(s) with rib(s) and sternum
  - V5789 Care involving other specified rehabilitation procedure
- 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