

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.

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: Enteral_Nutrients_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 enteral nutrients 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.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

¹ Source:

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

- V442 Ileostomy status
- V443 Colostomy status
- V444 Status of other artificial opening of gastrointestinal tract
- V4450 Cystostomy, unspecified
- V4451 Cutaneous-vesicostomy
- V4452 Appendico-vesicostomy
- 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 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