

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Competitive
Bidding Program
Health Status Monitoring
Summary of Findings thru the Fourth Quarter of 2017

No negative 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.

The Centers for Medicare & Medicaid Services (CMS) has been actively monitoring the competitive bidding program since it was first implemented on January 1, 2011. CMS currently actively monitors Round 2 Recompete competitive bidding areas (CBAs) and National Mail-Order Recompete CBAs where competitive bidding was implemented on July 1, 2016, as well as all Round 1 2017 CBAs, where the program was implemented on January 1, 2017. All Round 1 2017 and Round 2 Recompete CBAs are assigned to one of four DME Medicare Administrative Contractor (MAC) regions based on their geographic location (Northeast, Midwest, South, and West). This assignment can be found in all workbooks in the “DME Region Map” tab. The National Mail-Order Recompete CBAs include all parts of the United States, including the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and American Samoa. CMS monitors three groups of beneficiaries in each of the four DME MAC regions and the national mail-order program CBA.

1. “Enrolled Population”—all people in the CBA enrolled in Original Medicare.
2. “Utilizers”—Original Medicare beneficiaries in the CBA who have a claim for one of the competitively bid products.
3. “Access Groups”— Original Medicare beneficiaries who are likely to use one of the competitively bid products on the basis of related health conditions. In the case of mail-order diabetes supplies, for example, the relevant access group would be composed of beneficiaries with diabetes.

Within these groups, CMS monitors claims rates and a range of health outcomes including 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. We also monitor beneficiaries who no longer have claims for a competitively bid item after the program began, beneficiaries who may at some point need the item, and beneficiaries who currently have claims for competitively bid items. The data have not indicated any negative changes in beneficiary health outcomes in any group. Separate workbooks displaying the aggregate level rates for the three groups can be found on the CMS website.

The basic structure of the monitoring efforts considers historical and regional trends in health status. To control for historical trends, each CBA’s historical baseline for each rate is provided, beginning in January 2011. Historical health outcome rates for Round 1 2017 CBAs, Round 2 Recompete CBAs, and non-CBAs are provided for each of the four DME MAC regions to provide context for current CBA rates.

In general, Round 1 2017 and Round 2 Recompete rates in each DME MAC region track closely with rates in non-CBAs both before and after the implementation of the programs. For mail-order diabetes supplies, we provide national rates, as well as historical rates in Round 1 2017 and Round 2 Recompete regions for each of the four DME MAC regions. To provide context for overall access to diabetes supplies, we similarly display rates for non-mail-order diabetes supplies, although they are currently not a competitively bid product category. Importantly, mortality and morbidity rates commonly display seasonal trends unrelated to the competitive bidding program (e.g., winter months of each year typically have elevated rates of mortality and morbidity). Additionally, rates that appear more variable tend to be based on a smaller number of beneficiaries.

IMPORTANT

Beginning with the first quarter of 2017, the files have been updated to incorporate the changes to our monitoring that commenced when the Round 1 Recompete program ended on December 31, 2016 and the Round 1 2017 program began on January 1, 2017. These changes include:

- Comparing trends between the three groups of beneficiaries (i.e., enrolled population, utilizers, and access groups) in Round 2 Recompete CBAs and Round 1 2017 CBAs, instead of Round 1 Recompete CBAs.
- Monitoring Round 1 2017 using a list of Healthcare Common Procedure Coding System (HCPCS) codes covered by Round 1 2017, instead of Round 1 Recompete. Round 1 2017 covers the same HCPCS codes as Round 2 Recompete.
- Removing files for the infusion pump utilizer group, the infusion pump (cancer) access group, and the infusion pump (diabetic) access group, because external infusion pumps and supplies, which were bid in Round 1 Recompete, are not included in Round 1 2017 of the competitive bidding program.

Note:

Since the implementation of the ICD-10 code set on October 1, 2015, CMS has released ICD-10 code updates for each fiscal year. Due to these updates, some of the diagnosis codes that were used to define the DME access groups have been replaced with the new codes. Beginning with the fourth quarter of 2017, the public use files have been updated to incorporate the new ICD-10 codes that are related to the following six populations: commode chairs access group, diabetes access group, oxygen access group, standard wheelchairs access group, TENS access group, and walkers access group. A comprehensive listing of all ICD-10 codes can be found in the “Downloads” section of the [Health Status Monitoring](#) page on the CMS website.