

Off-The-Shelf Back Braces Access Group

Health Status Outcomes Summary

The Centers for Medicare & Medicaid Services (CMS) continues to observe no negative changes in beneficiary health outcomes resulting from the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP).

These materials contain the mortality and morbidity rates for one group of beneficiaries being monitored: the Off-The-Shelf (OTS) back braces access group. “Access Groups” include Original Medicare beneficiaries who are likely to use one of the competitively bid products on the basis of related health conditions.

The health outcomes being measured are deaths, hospitalizations, emergency room (ER) visits, physician visits, admissions to skilled nursing facilities (SNFs), average number of days spent hospitalized in a month, and average number of days in a SNF in a month.

The Excel file contains 48 months of data that captures historical and more recent trends in each health outcome for Round 1 2017 (R1 2017) competitive bidding areas (CBAs), Round 2 Recompete (R2RC) CBAs, Round 2021 (R2021) CBAs, and non-CBAs for each of the four Durable Medical Equipment Medicare Administrative Contractor (DME MAC) regions. The rates in R1 2017, R2RC, and R2021 CBAs remain similar to historical rates and they also track closely with rates in non-competitive bid regions. The IMPORTANT section of this document further explains the monitoring methodology utilized in developing the Excel file.

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. Note: “Utilizer Groups” are composed of Original Medicare beneficiaries in a CBA who have a claim for one of the competitively bid products in the month of observation or any of the previous three months.

IMPORTANT

CMS has been actively monitoring the DMEPOS CBP since it was first implemented on January 1, 2011. The Round 2021 (R2021) competitive bidding contract performance period for Off-The-Shelf (OTS) Back Braces and OTS Knee Braces began on January 1, 2021 and ends on December 31, 2023. For all other items and services that were previously included in the CBP, there continues to be a temporary gap in competitive bidding. This gap began on January 1, 2019, but CMS continues to monitor claims rates and health outcomes in the previous Round 1 2017 (R1 2017), Round 2 Recompete (R2RC), and the National Mail -Order Recompete (NMORC) CBAs for all previously competitively bid product categories. Additionally, CMS began monitoring claims rates and health outcomes for current R2021 CBAs for OTS Back Braces and OTS Knee Braces beginning January 2021. R1 2017 CBAs (13 total CBAs) and R2RC CBAs (117 total CBAs) were combined and monitored as one trend line which monitored all previous 130 CBAs. Of these 130 CBAs, R2021 monitoring is ongoing in 118 CBAs for OTS Back Braces and 117 CBAs for OTS Knee Braces. No other changes have been made to the monitoring methodology.

Introduction

Folder Name: OTS_Back_Braces_Access_Group_Thru_Jun_2023

Observation Period: 07/01/2019 to 06/30/2023

Claims Processed Through: 09/01/2023

Beneficiary Enrollment Through: August 2023

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

Purpose: To summarize mortality and morbidity outcomes in the commode chairs access group in R1 2017, R2RC, R2021 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 R1 2017, R2RC, or R2021 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 ICD-9 and ICD-10 diagnosis codes. A comprehensive listing of all ICD-9 and ICD-10 diagnosis codes can be found in the "Downloads" section of the [Health Status Monitoring](#) page on the CMS website. For the ICD-9 code set, see workbook: "Access_Group_ICD9_Codebook.xlsx." For the ICD-10 code set, see workbook: "Access_Group_ICD10_Codebook.xlsx."
- R1 2017 and R2RC CBAs: Includes all areas in which the CBP was implemented for R1 2017 and R2RC
- R2021 CBAs: Includes all areas in which the CBP was implemented for R2021
- Non-Competitive Bid Regions: Includes all regions nationally that are not part of R1 2017, R2RC, or R2021 of the CBP

Outcome Definitions:

- Death: As observed in the Medicare Enrollment Database
- Hospitalization: As indicated by the service date of Inpatient (IP) claims
- ER: As indicated by the service date of Outpatient (OP) claims with an ER flag
- Physician Visit: As indicated by the service date of Carrier (PB) claims
- SNF Admission: As indicated by the date of admission to a SNF
- SNF Days: As indicated by dates on a beneficiary's SNF claims
- IP Days: As indicated by the dates on a beneficiary's IP claims

¹ Source:

- [R1 2017 CBAs](#)
- [R2RC CBAs](#)
- [R2021 CBAs](#)