



CMS Regional Office

CMS Updates Data on COVID-19 Impacts on Medicare Beneficiaries

The Centers for Medicare & Medicaid Services today released its first monthly update of data that provides a snapshot of the impact of COVID-19 on the Medicare population. For the first time, the snapshot includes data for American Indian/Alaskan Native Medicare beneficiaries.

The new data indicate that American Indian/Alaskan Native beneficiaries have the second highest rate of hospitalization for COVID-19 among racial/ethnic groups after Blacks. Previously, the number of hospitalizations of American Indian/Alaskan Native beneficiaries was too low to be reported.

The updated data confirm that the COVID-19 public health emergency is disproportionately affecting vulnerable populations, particularly racial and ethnic minorities. This is due, in part, to the higher rates of chronic health conditions in these populations and issues related to the social determinants of health.

In response to the first Medicare data snapshot and related call to action from CMS Administrator Seema Verma on June 22, the CMS Office of Minority Health hosted three listening sessions with stakeholders who serve and represent racial and ethnic minority Medicare beneficiaries. These sessions provided helpful insight into ways in which CMS can address social risks and other barriers to health care that will help in our efforts to reduce health disparities.

The updated data on COVID-19 cases and hospitalizations of Medicare beneficiaries covers the period from January 1 to June 20, 2020. It is based on Medicare claims and encounter data CMS received by July 17, 2020.

Other key data points:

- Black beneficiaries continue to be hospitalized at higher rates than other racial and ethnic groups, with 670 hospitalizations per 100,000 beneficiaries.
- Beneficiaries eligible for both Medicare and Medicaid – who often suffer from multiple chronic conditions and have low incomes – were hospitalized at a rate more than 4.5 times higher than beneficiaries with Medicare only (719 versus 153 per 100,000).

- Beneficiaries with end-stage renal disease (ESRD) continue to be hospitalized at higher rates than other segments of the Medicare population, with 1,911 hospitalizations per 100,000 beneficiaries, compared with 241 per 100,000 for aged and 226 per 100,000 for disabled.
- CMS paid \$2.8 billion in Medicare fee-for-service claims for COVID-related hospitalizations, or an average of \$25,255 per beneficiary.

For more information on the Medicare COVID-19 data, visit: <https://www.cms.gov/research-statistics-data-systems/preliminary-medicare-covid-19-data-snapshot>

For an FAQ on this data release, visit: <https://www.cms.gov/files/document/medicare-covid-19-data-snapshot-faqs.pdf>