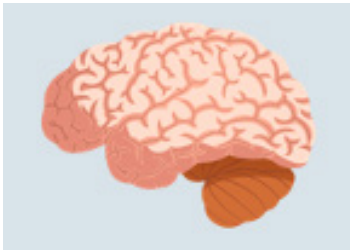


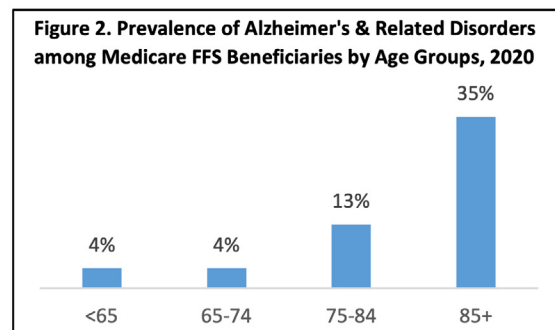
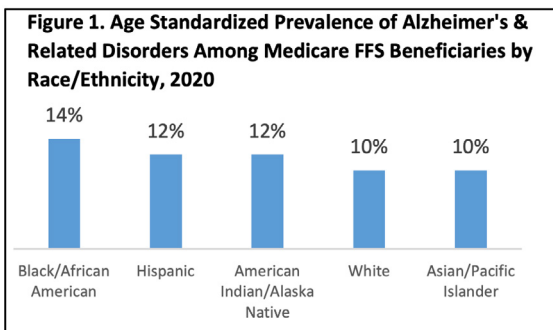
Alzheimer's Disease Disparities in Medicare Fee-For-Service Beneficiaries



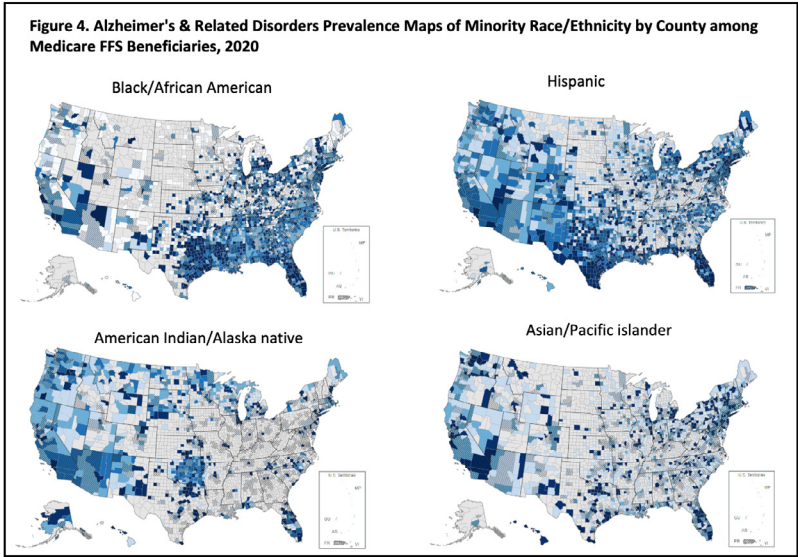
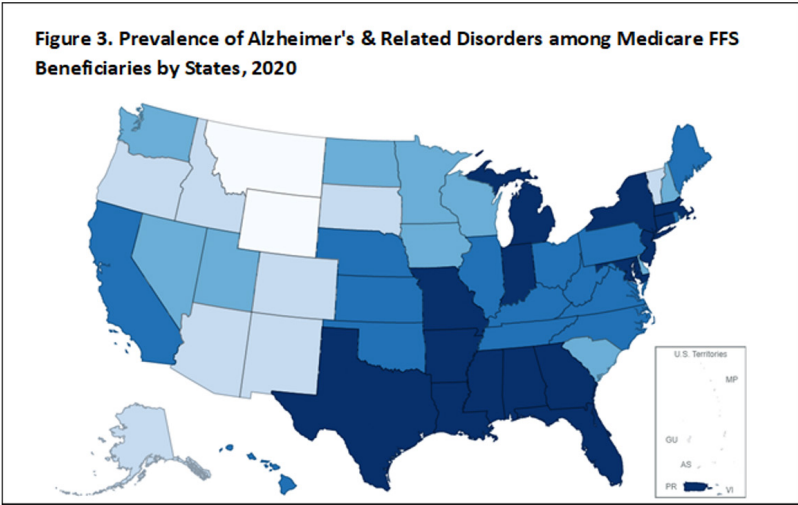
Dementia is an umbrella term for a wide range of progressive brain diseases that are characterized by the onset of behavioral, cognitive, and emotional impairments primarily in older adults. The most common form of dementia in older people is Alzheimer's disease, which slowly destroys memory and thinking skills until an individual can no longer perform even the simplest tasks of daily living.¹ There is currently no cure for Alzheimer's disease, no definitive cause, and the only certain risk factor is aging. According to Centers for Disease Control and Prevention (CDC), there were 5.8 million Americans living with Alzheimer's disease in 2020 but, by 2060, that number is projected to rise to 14 million partially due to the aging of the U.S. population. Alzheimer's disease is the 5th leading cause of death among adults aged 65 years or older.²

Data from the Centers for Medicare & Medicaid Services' (CMS's) Chronic Conditions Data Warehouse indicates that about 11.1% of all Medicare fee-for-service (FFS) beneficiaries had claims with a diagnosis of Alzheimer's disease or a related dementia, and 3.9% of the beneficiaries had Alzheimer's disease in 2019.³

The [Mapping Medicare Disparities \(MMD\)](#) Tool developed by CMS Office of Minority Health shows the prevalence of Alzheimer's disease or a related dementia among Medicare FFS beneficiaries varied by age, sex, race and ethnicity, eligibility for Medicare and Medicaid, and geographic areas in 2020.⁴ The beneficiaries eligible for both Medicare and Medicaid had a higher prevalence rate (17%) than those with Medicare only (9%). The age standardized prevalence rate of Alzheimer's disease or a related dementia among Black/African American beneficiaries (14%) was higher than other racial/ethnic groups, and the lowest rates were observed in the Asian/Pacific Islander and White beneficiaries (10%) as shown in Figure 1. The prevalence was higher among older beneficiaries as shown in Figure 2. More than one third of beneficiaries aged 85 and older had claims with a diagnosis of Alzheimer's disease or a related dementia while only 4% of beneficiaries aged 65



to 74 and less than 65 had those claims. Figure 3 shows the rate of Medicare FFS enrollees with Alzheimer’s disease or a related dementia varied by geographic areas. Montana and Wyoming had the lowest rate (7%) of claims with a diagnosis of Alzheimer’s disease or a related dementia among the states, and District of Columbia, Connecticut and Puerto Rico had the highest rate (13%). The MMD Tool also shows the prevalence of Alzheimer’s disease or a related dementia among minority racial and ethnic groups were different by geographic areas as shown in Figure 4.



An annual wellness visit (covered by Medicare every 12 months) affords medical providers an opportunity to detect any cognitive impairment or to determine a treatment plan that can improve the quality of life for a beneficiary with Alzheimer’s disease. However, analysis of CMS claims data found that only 33% of Medicare FFS beneficiaries took advantage of this benefit in 2020.⁴ Friends and family members are in a good position to see the signs that may signal the onset of a degenerative brain disease; however, beneficiaries should also talk to their providers about available screening measures. September is internationally recognized as World Alzheimer’s Month to raise awareness and garner support for those affected by the disease.

Beneficiary Resources

- [How do I know if it's Alzheimer's disease?](#)
- [Basics of Alzheimer's Disease and Dementia](#)
- [Alzheimer's: The Answers Start Here \(Video\)](#)
- [A Guide for Families of People with Dementia Living in Care Facilities](#)
- [Aging & Health A-Z: Dementia](#)
- [Get Your Medicare Wellness Visit Every Year](#)

Provider Resources

- [National Partnership to Improve Dementia Care in Nursing Homes](#)
- [A 4-Step Process to Detecting Cognitive Impairment and Earlier Diagnosis of Dementia](#)
- [The American Psychiatric Association Practice Guidelines](#)
- [National Alzheimer's and Dementia Resource Center \(NADRC\)](#)
- [Managing Challenging Behaviors](#)
- [HP2020: Dementias, Including Alzheimer's Disease](#)
- [Improving Dementia Care in Nursing Homes: Best Care Practices \(Video\)](#)
- [Dementia and Alzheimer's Care for Tribal Elders \(Video\)](#)
- [Tribal Nursing Home Stories Improving Dementia Care \(Video\)](#)
- [Sleep Matters \(Video\)](#)

References/Sources

1. About Alzheimer's disease: Alzheimer's Basics.
<https://www.nia.nih.gov/alzheimers/topics/alzheimers-basics>
2. Centers for Disease Control and Prevention. Healthy Aging/Healthy Brain Initiative.
<http://www.cdc.gov/aging/aginginfo/alzheimers.htm>
3. Centers for Medicare & Medicaid Services. Chronic Conditions Data Warehouse.
<https://www2.ccwdata.org/web/guest/medicare-tables-reports>
4. Centers for Medicare & Medicaid Services. Mapping Medicare Disparities Tool.
<https://data.cms.gov/mapping-medicare-disparities>
- Results from 2020 were considered preliminary at the time of this analysis, as the data were not fully complete due to a "claims lag" between when a service occurs and when the claim is collected by CMS and, ultimately, appears in the CCW database.

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