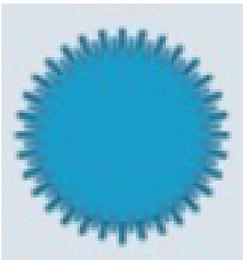


Hepatitis Disparities in Medicare Fee-For-Service Beneficiaries



Hepatitis is a disease often caused by one of five known hepatitis viruses: A, B, C, D, and E that results in inflammation of the liver, and can be acute, chronic, or unspecified. The hepatitis A and E viruses typically cause acute infections. The hepatitis B, C, and D viruses can cause acute and chronic infections, and can progress to fibrosis, cirrhosis, or liver cancer. The most common types of viral hepatitis are hepatitis A, hepatitis B, and hepatitis C. There is no cure available for hepatitis B, but regular monitoring for the progression of liver disease is

necessary. A vaccine is recommended for anyone seeking long term protection from hepatitis B. Getting tested for hepatitis C is important, because treatments can cure most people with hepatitis C in 8 to 12 weeks. According to the Centers for Disease Control and Prevention, in 2016, an estimated 862,000 people were living with hepatitis B and 2.4 million living with hepatitis C in the United States. Asian Americans make up 6% of the total population in the United States, but account for 58% of the Americans living with hepatitis B.

American Indian/Alaska Native is the group most affected by acute hepatitis C in 2018 with 3.6 cases per 100,000 people.¹

The Centers for Medicare & Medicaid Services' (CMS's) Chronic Condition data shows that the prevalence of viral hepatitis (general) among all Medicare fee-for-service (FFS) beneficiaries was 1.2% in 2018.² Among FFS beneficiaries, 0.8% had claims with a diagnosis of chronic hepatitis B or C. The prevalence of hepatitis (B & C) was higher among beneficiaries less than 65 years of age (2.2%) compared to those 65 years and over (0.5%), and higher among dual eligible beneficiaries, those with both Medicare and Medicaid (2.2%) than non-dual beneficiaries (0.4%); it is also higher among males (1.0%) than females (0.6%) as shown in Figure 1. Figure 2 shows the prevalence of hepatitis (B & C) among

Figure 1. Prevalence of Hepatitis (B & C) among FFS Beneficiaries by Age, Dual Eligibility and Sex, 2018

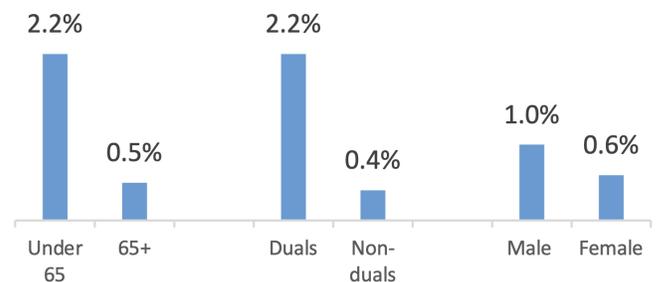
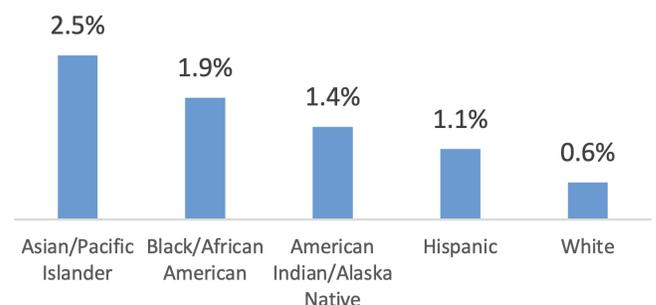


Figure 2. Prevalence of Hepatitis (B & C) among FFS Beneficiaries by Race/Ethnicity, 2018

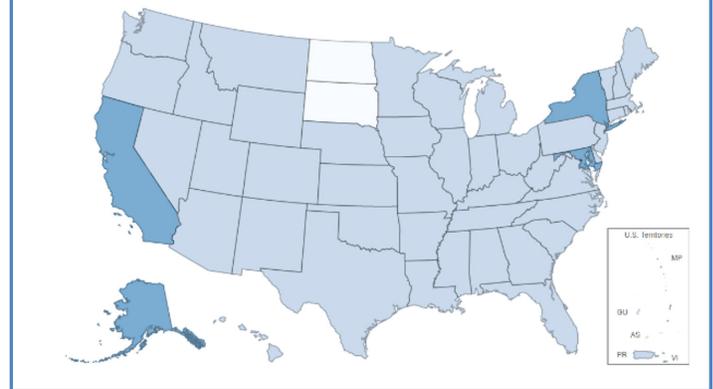


Medicare FFS beneficiaries by race and ethnicity. Asian/ Pacific Islanders (2.5%) had the highest prevalence of hepatitis compared to Black/African American (1.9%), American Indian/Alaska Native (1.4%), Hispanic (1.1%) and White (0.6%) beneficiaries.³

The [Mapping Medicare Disparities Tool](#) developed by CMS Office of Minority Health shows the prevalence of hepatitis among Medicare FFS beneficiaries varied by age, sex, race and ethnicity, eligibility for Medicare and Medicaid, and geographic areas in 2019.⁴ Figure 3 shows Alaska, California, Maryland and New York had higher prevalence rates of hepatitis, and North and South Dakotas had lower prevalence rates.

Medicare covers hepatitis B and C screening tests for high-risk beneficiaries if the primary care provider orders. Visit [“Medicare and You: Medicare Handbook”](#) to learn more about Medicare coverage for hepatitis B vaccinations and hepatitis B and C screening tests for those at risk.

Figure 3. Prevalence of Hepatitis (general) among Medicare FFS Beneficiaries by State, 2019



Beneficiary Resources

- [Medicare and You: Medicare Handbook](#)
- [Is my test, item, or service covered? - Hepatitis B shots](#)
- [Medicare Coverage - Hepatitis C screening tests](#)
- [Medicare & You: Hepatitis \(video\)](#)
- [What is Viral Hepatitis?](#)
- [How is Hepatitis B spread? \(pdf\)](#)

Provider Resources

- [Connected Care Chronic Care Management Toolkit](#)
- [Medicare Learning Network: Medicare Preventive Services](#)
- [Medicare Coverage Database](#)
- [Viral Hepatitis in the United States: Data and Trends](#)
- [Viral Hepatitis Surveillance - United States](#)
- [HCV Guidance](#)

References/Sources

1. Centers for Disease Control and Prevention. <http://www.cdc.gov/hepatitis/>
2. Centers for Medicare & Medicaid Services. Chronic Conditions Data Warehouse. <https://www2.ccwdata.org/web/guest/medicare-tables-reports>
3. Centers for Medicare & Medicaid Services. Chronic Conditions. https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main
4. Centers for Medicare & Medicaid Services. Mapping Medicare Disparities Tool. <https://data.cms.gov/mapping-medicare-disparities>
- Results from 2019 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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If you have any questions or feedback, please contact
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