

Depression Disparities in Medicare Fee-For-Service Beneficiaries



Depression is one of the most common mental disorders and a serious medical condition that is treatable. A person who is depressed has feelings of sadness or anxiety that lasts for weeks at a time and may experience problems with working, sleeping, eating, and enjoying life. According to the Centers for Disease Control and Prevention (CDC), in 2019, approximately one in five (18.5%) adults aged 18 and over experienced any symptoms of depression in the past 2 weeks, and women were more likely than men to experience symptoms of depression.¹

The Centers for Medicare & Medicaid Services' (CMS's) Chronic Condition data indicates that 18.4% of all Medicare fee-for-service (FFS) beneficiaries had a diagnosis of depression in 2018. Prevalence is higher among females (22.6%) than males (13.4%), and higher among dual eligible beneficiaries, those with both Medicare and Medicaid (31.3%) than non-dual beneficiaries (15.2%).² The [Mapping Medicare Disparities Tool](#) developed by CMS Office of Minority Health shows the prevalence of depression among Medicare FFS beneficiaries varied by age, sex, race and ethnicity, eligibility for Medicare and Medicaid, and geographic areas in 2018.³ Figure 1 shows the age standardized prevalence of depression among FFS beneficiaries by race and ethnicity. White (20%) and American Indian/Alaska Native (18%) beneficiaries had a higher prevalence of depression-related claims than other racial groups while the rate for Asian/Pacific Islander beneficiaries (10%) was substantially lower. The prevalence was varied by geographic areas as shown in Figure 2. Maine, Massachusetts and West Virginia had the highest rate (23%), and Alaska (12%), Hawaii (9%) and Virgin Islands (4%) had a lower prevalence rate of depression.

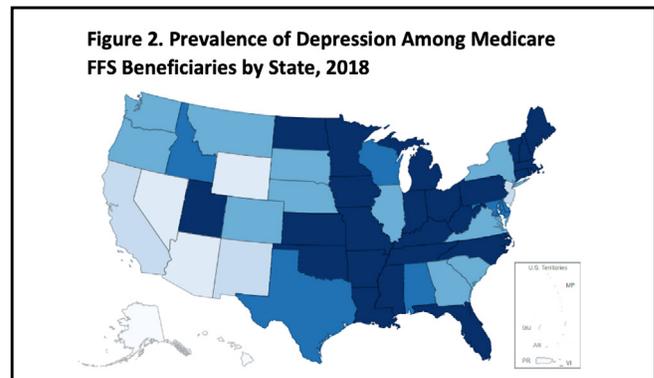
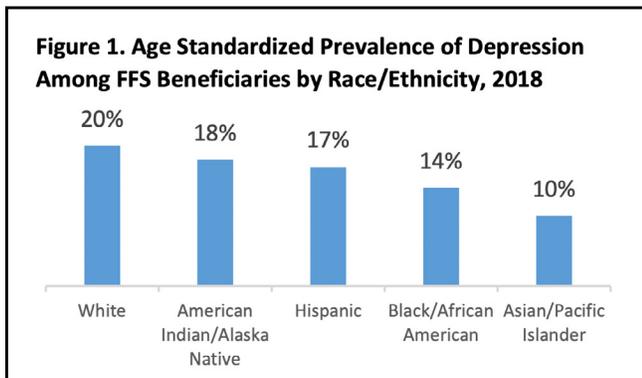
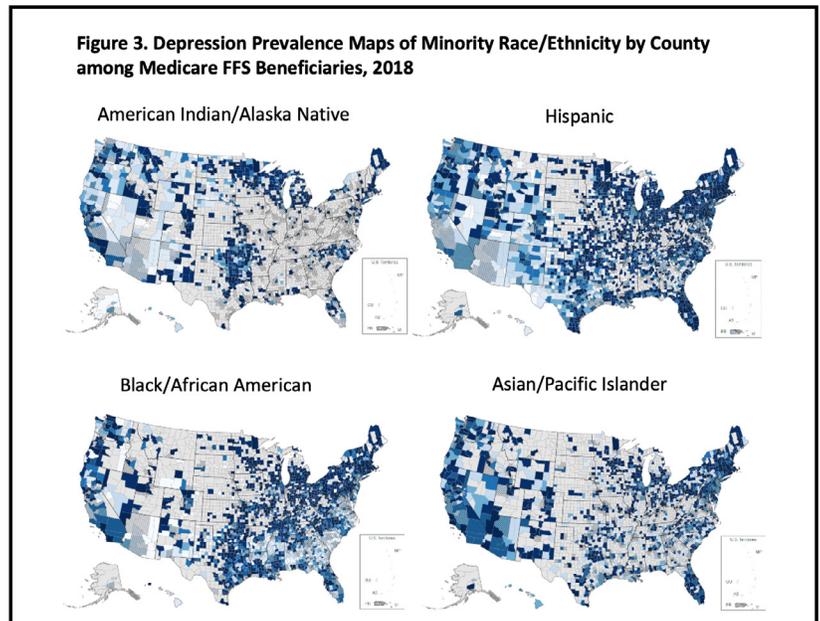


Figure 3 shows geographic differences in depression prevalence among minority racial and ethnic groups. American Indian/Alaska Native beneficiaries with depression claims in 2018 were more concentrated in the west, with emphasis around the northern area and in Oklahoma, while for Hispanics it was more spread across the country. For Black/African Americans, it was concentrated in the south, middle Atlantic and along the west coast. And lastly, for Asian/Pacific Islanders, the concentration was along the west coast with small groups throughout the south, northeast, and east north central.

Annual depression screenings are fully covered by Medicare Part B, however, a CMS claims' analysis found that about 6% of Medicare beneficiaries took advantage of this benefit in 2018. Visit [“Preventive & Screening Services”](#) and [“Medicare and You: Medicare Handbook”](#) to learn more about covered services to diagnose and treat mental health conditions.



Beneficiary Resources

- [Medicare and You Handbook](#)
- [Is my test, item, or service covered? - Depression screenings](#)
- [Depression Basics \(pdf\)](#)
- [Helplines & Treatment Resources](#)
- [Medicare & You: Mental Health Benefits \(video\)](#)
- [Talk About Mental Health](#)

Provider Resources

- [Connected Care Chronic Care Management Toolkit](#)
- [Medicare Chronic Conditions](#)
- [Medicare Learning Network: Medicare Preventive Services](#)
- [Medicare Coverage Database](#)
- [SAMHSA - Practitioner Training](#)

References/Sources

1. Centers for Disease Control and Prevention. National Center for Health Statistics.
<https://www.cdc.gov/nchs/products/databriefs/db379.htm>
2. Centers for Medicare & Medicaid Services. Chronic Conditions.
https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main/
3. Centers for Medicare & Medicaid Services. Mapping Medicare Disparities Tool.
<https://data.cms.gov/mapping-medicare-disparities>

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