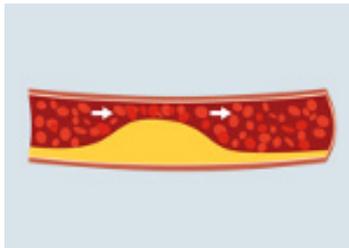


Hyperlipidemia Disparities in Medicare Fee-For-Service Beneficiaries



Hyperlipidemia, known as high cholesterol, is an umbrella term for conditions that cause elevated levels of lipids (fat) in the blood. Cholesterol, a fat-like substance, is created by the body and is also found in various foods. However, when the body has too much cholesterol, low density lipoproteins (LDL) create plaque which can narrow the blood vessels. Narrow blood vessels make blood flow to the heart more difficult, and may lead to a heart attack. Cholesterol levels may be reduced by

increased physical activity and healthier eating. Physicians may also prescribe various medicines, such as cholesterol absorption inhibitors, to reduce cholesterol levels. According to the Centers for Disease Control and Prevention (CDC), approximately 71 million adults have high levels of LDL.^{1,2}

The Centers for Medicare & Medicaid Services' (CMS) Chronic Condition public-use data indicates that about 48% of all Medicare fee-for-service (FFS) beneficiaries had claims with a diagnosis of hyperlipidemia in 2018.³ As shown on the Figure 1, hyperlipidemia prevalence for beneficiaries was highest among Asian/ Pacific Islander beneficiaries (51%), followed by non-Hispanic White (49%), Hispanic (44%), African American (43%), and American Indian/ Alaska Native (35%) beneficiaries.

The [Mapping Medicare Disparities Tool](#) shows the number of Medicare FFS enrollees with hyperlipidemia varied by geographic areas (Figure 2). Wyoming had the lowest prevalence rate (25%) and Delaware had the highest prevalence rate (61%).

Figure 1. Prevalence of Hyperlipidemia Among Medicare FFS Beneficiaries by Race/Ethnicity, 2018⁴

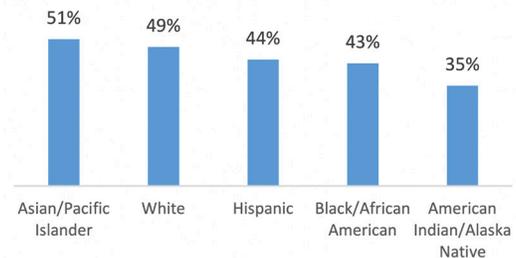


Figure 2. Prevalence of Hyperlipidemia among Medicare FFS Beneficiaries by States, 2018⁴

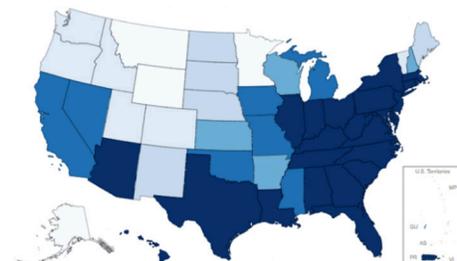
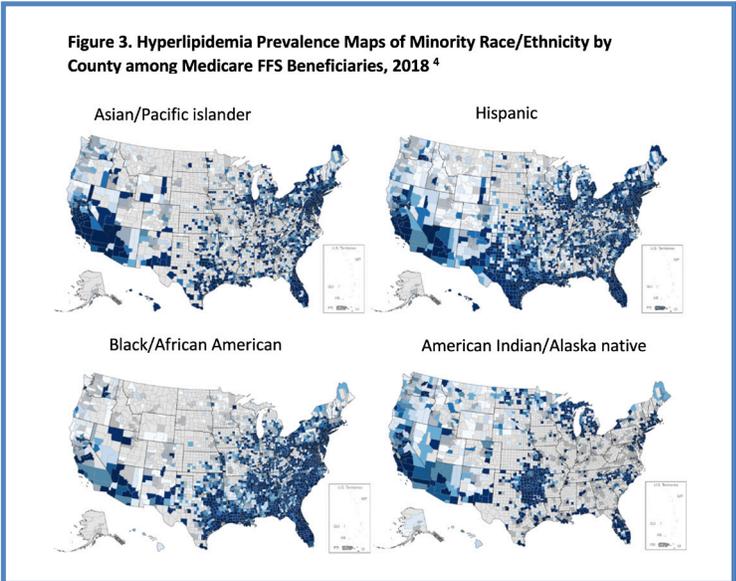


Figure 3 shows geographic differences in hyperlipidemia prevalence among minority racial and ethnic groups. Asian/Pacific Islander’s hyperlipidemia prevalence for 2018 was higher along the west coast with small groups throughout the south, northeast, and east north central. For Hispanic populations, it was more spread across the country from the west to the south and around east north central and along the east coast. The prevalence for Black/African Americans was concentrated in the south and up the middle Atlantic and some areas of the west, while it was more concentrated in the west, with emphasis around the southwest area and in Oklahoma for American Indian/Alaska Natives.

Medicare Part B covers blood screening for cholesterol, lipid, and triglyceride levels every five years, and Medicare Part D covers prescription drugs that may help treat a disease or condition found by preventive screening tests, like high cholesterol. The CDC created the [High Cholesterol Educational Materials for Patients](#), which provides useful tools and resources on ways to reduce cholesterol levels.



Beneficiary Resources

- Cholesterol Conversation Starters
- Is my test, item, or service covered? - Cardiovascular disease screenings
- High Blood Cholesterol - What You Need to Know
- Your Guide to Medicare Preventive Services

Provider Resources

- High Cholesterol Tools and Training for Professionals
- National Coverage Determination (NCD) for Lipid Testing (190.23)
- Cholesterol Management in Primary Care
- Million Hearts®: Cardiovascular Disease Risk Reduction Model

References/Sources

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