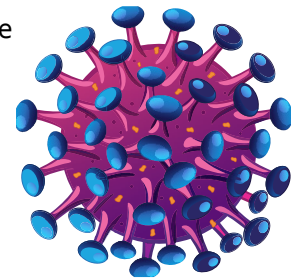


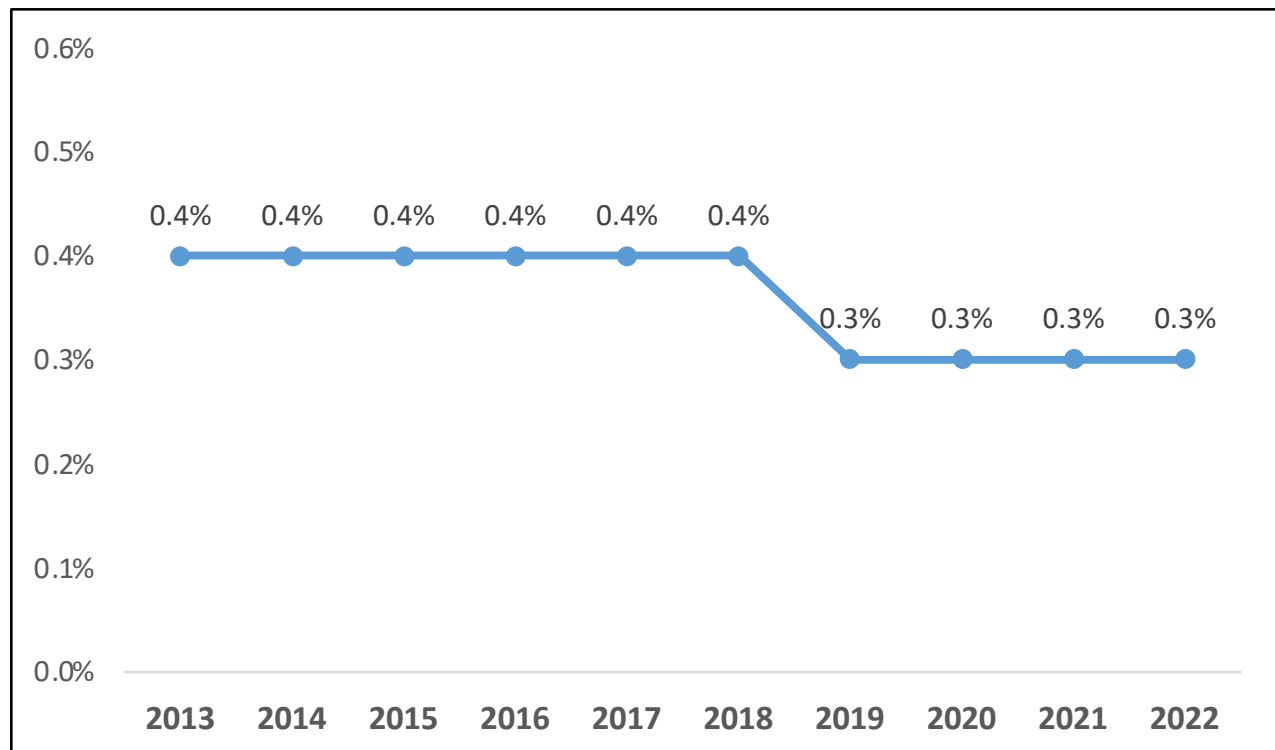
## HIV/AIDS Disparities in People Enrolled in Medicare Fee-For-Service

Human immunodeficiency virus (HIV) is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases. Acquired immune deficiency syndrome (AIDS) develops in the last stage of HIV infection when the immune system becomes too weak to fight off infections. There is no cure for HIV/AIDS but medication can slow down the progression of the disease and with new treatments, people with HIV can live long healthy lives. In 2022, an estimated 1.2 million people aged 13 and older had HIV in the US, and 13% of them do not know that they have it.<sup>1</sup> Over 38,000 people received an HIV diagnosis in 2022. Men are most affected, making up almost 80% of diagnoses, with gay and bisexual men accounting for the majority. Racial disparities remain a concern, as Black/African American people account for a higher proportion (38%) of HIV diagnoses.<sup>2</sup>



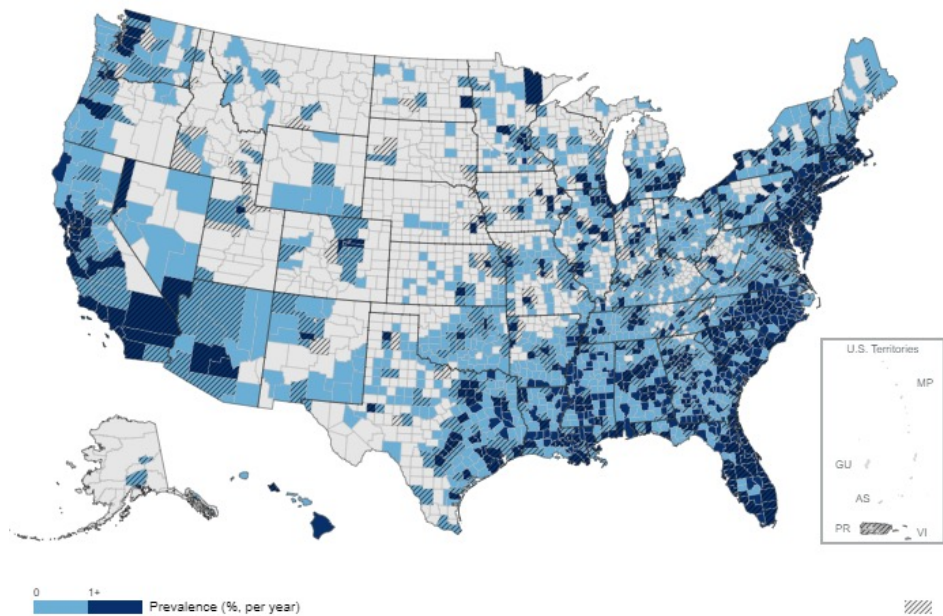
The Centers for Medicare & Medicaid Services' (CMS's) claims data indicates that 0.3% of people enrolled in Medicare fee-for-service (FFS) had claims with a diagnosis of HIV/AIDS in 2022, as shown in Figure 1. The prevalence rate of HIV/AIDS decreased from 0.4% to 0.3% starting from 2019.<sup>3</sup>

**Figure 1. Prevalence rate of HIV/AIDS among People Enrolled in Medicare FFS by Year, 2013-2022**

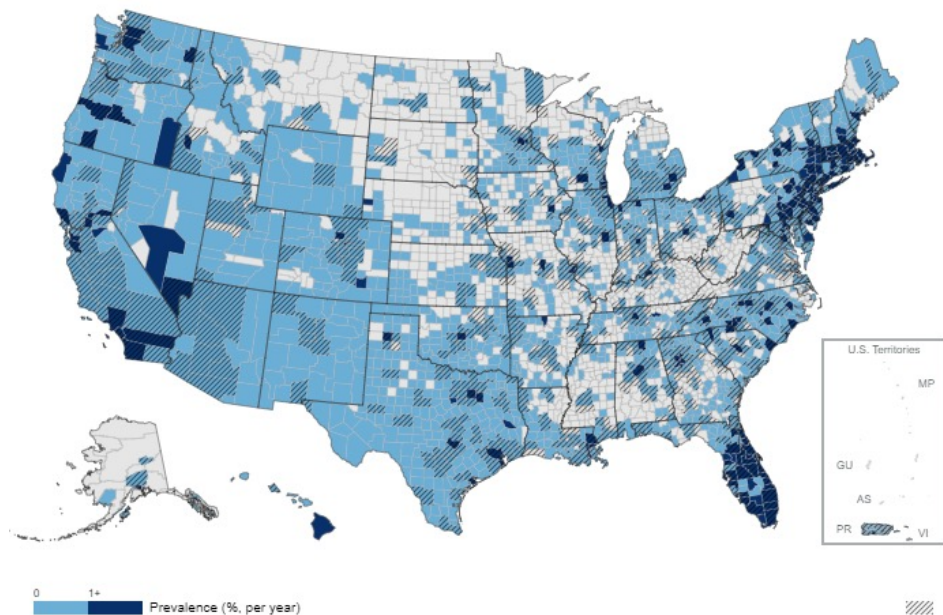


The [Mapping Medicare Disparities \(MMD\) Tool](#) developed by CMS presents that the prevalence rate of HIV/AIDS among people enrolled in Medicare FFS varied by age group, race and ethnicity, Medicare and Medicaid dual eligibility, original reason for entitlement, and geographic areas.<sup>4</sup> The prevalence rate of HIV/AIDS was higher among people enrolled in Medicare FFS who are aged <65, Black/African American and Hispanic, and it was also higher among Medicare and Medicaid dual eligible enrollees and those whose original reason for entitlement was Disability Insurance Benefits, End-Stage Renal Disease (ESRD), or both. District of Columbia, Maryland and New York had a higher prevalence rate compared to the other state/territories.

**Figure 2. Prevalence Rate of HIV/AIDS among Black/African American People Enrolled in Medicare FFS by County, 2022**



**Figure 3. Prevalence Rate of HIV/AIDS among Hispanic People Enrolled in Medicare FFS by County, 2022**



**Figure 4. Prevalence Rate of HIV/AIDS among Medicare and Medicaid dual eligible enrollees by County, 2022**

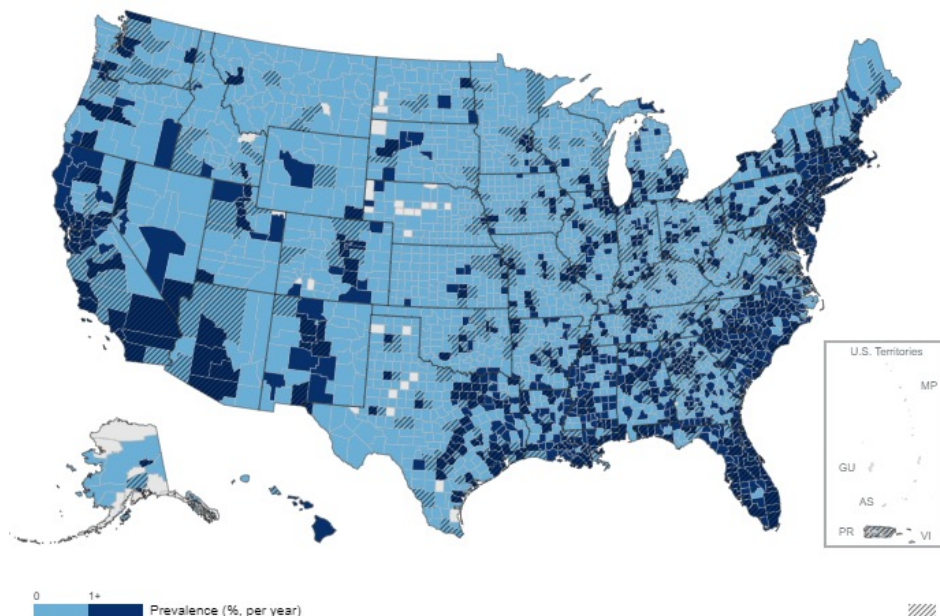


Figure 2 – 4 present the geographic distribution of people having HIV/AIDS claims who were Black/African American, Hispanic and dual eligible FFS enrollees in 2022. Black/African American enrollees with HIV/AIDS claims were higher in the south and most of the east coast areas, while for Hispanic enrollees were more concentrated in northeast area and Florida. Medicare and Medicaid dual eligible enrollees with the claims were spread across northeast, south and some of the west areas.

Ryan White HIV/AIDS Program’s **“The Minority AIDS Initiative”** improves access to HIV care and health outcomes for disproportionately affected minority populations. Medicare beneficiaries have access to the care they need to live healthy, long lives. Medicare Part B (Medical Insurance) covers an HIV screening if beneficiary is age 15–65, or younger than 15 or older than 65 and are at an increased risk for HIV. Part B also covers pre-exposure prophylaxis (PrEP) medication and related services if Medicare enrollees don’t have HIV, but the doctor or other health care practitioner determines the person is at an increased risk for HIV.

The National HIV/AIDS Strategy for the United States (2022–2025) was published in December 2021 and provides stakeholders across the nation with a roadmap to accelerate efforts to end the HIV epidemic in the country by 2030, including a 75% reduction in new HIV infections by 2025 and a 90% reduction by 2030. To guide the nation toward realizing the vision, the Strategy focuses on four goals: prevent new HIV infections, improve HIV-related health outcomes of people with HIV, reduce HIV-related disparities and health inequities, and achieve integrated, coordinated efforts that address the HIV epidemic among all partners and stakeholders.<sup>5</sup>

## Enrollee Resources

- [Medicare and You: Medicare Handbook](#)
- [Medicare and You: Medicare's Preventive Benefits \(Video\)](#)
- [What Are HIV and AIDS?](#)
- [Your Medicare Coverage - HIV screenings](#)
- [Your Medicare Coverage: Pre-exposure prophylaxis \(PrEP\) for HIV prevention](#)
- [Get Your Medicare Wellness Visit Every Year](#)
- [Find HIV Prevention Services Near You](#)

## Provider Resources

- [Connected Care Chronic Care Management Toolkit](#)
- [National HIV/AIDS Strategy for the United States \(2022-2025\)](#)
- [HIV Nexus: CDC Resources for Clinicians](#)
- [Clinical guidelines for care and treatment of people with HIV](#)
- [PrEP for HIV & Related Preventive Services](#)

## References/Sources

1. Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2018–2022. HIV Surveillance Supplemental Report, 2024; 29 (No.1).
2. Centers for Disease Control and Prevention. Diagnoses, Deaths, and Prevalence of HIV in the United States and 6 Territories and Freely Associated States, 2022. HIV Surveillance Report 2024; 35.
3. Medicare beneficiary prevalence for other chronic or disabling conditions using fee-for-service (FFS) claims, 2013–2022. Chronic Conditions Data Warehouse. 2024. <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>
5. The White House. 2021. National HIV/AIDS Strategy for the United States 2022–2025. Washington, DC.



**CMS Office of Minority Health**  
7500 Security Blvd. MS S2-12-17  
Baltimore, MD 21244  
<http://go.cms.gov/cms-omh>

If you have any questions  
or feedback, please contact  
[HealthEquityTA@cms.hhs.gov](mailto:HealthEquityTA@cms.hhs.gov).