Medicare COVID-19 Data Snapshot Overview

Our Medicare COVID-19 Data Snapshot is about people with Medicare who are diagnosed with COVID-19. The data sources for the Snapshot are Medicare Fee-for-Service (FFS) claims data, Medicare Advantage (MA) encounter data, and Medicare enrollment information.

Medicare COVID-19 Cases and Hospitalizations

Medicare COVID-19 Case: A count of beneficiaries with a diagnosis of COVID-19 on a claim or encounter record for any healthcare setting (e.g., physician’s office, inpatient hospital, laboratory).

We use the following International Classification of Diseases (ICD), Tenth Revision (ICD-10), diagnosis codes to identify COVID-19 cases on claims and encounters:

- B97.29 (other coronavirus as the cause of diseases classified elsewhere) - before April 1, 2020

We find COVID-19 cases using ICD-10 diagnosis codes on claims and encounters. The Centers for Disease Control and Prevention (CDC) has issued COVID-19 ICD-10 coding guidance. Diagnosis code accuracy depends on: (1) how clinicians document (e.g., omitting information or using synonyms or abbreviations to describe a patient’s condition) and (2) medical coder experience and training. As a result, we consider diagnosis information from claims and encounters less reliable than clinical information collected other ways (e.g., chart reviews). Since we don’t need this type of clinical information to run our programs, we only collect it in limited circumstances (e.g., for program integrity purposes).

Medicare COVID-19 Hospitalization: A count of beneficiaries with a diagnosis of COVID-19 on a claim or encounter record for an inpatient hospital setting. These beneficiaries are a subset of the Medicare COVID-19 Cases described above.

For additional details on data limitations, please see the disclaimer on the next page and view the methodology document available here.

Medicare Enrollee Facts

As of early 2020, over 62.3 million Americans are enrolled in Medicare: 60% in Medicare Fee-for-Service (FFS), also known as Original Medicare, and 40% in Medicare Advantage (MA) plans.
What You Should Know When Using Our Data (Disclaimer)

You should use caution when interpreting our data. We collect Medicare claims and encounter data for payment and other program purposes, but not for public health surveillance. There will always be a delay or “claims lag” between when a service occurs and when the claim or encounter for that service is in our database. The length of the lag depends on the service type and program. There may also be longer claims lag due to the pandemic, but we’re not sure of the impact.

Historically, 90% of FFS claims across all claim types are submitted within 3 months, while 90% of MA encounters across all claim types are submitted within 12 months. We expect timely FFS claims submissions because providers submit claims directly to us for payment. A longer claims lag is expected for Medicare Advantage encounters because Medicare Advantage Organizations: (1) collect encounters before submitting them to us and (2) have more time to submit encounters because there are different programmatic uses for the data, like risk adjustment.

**Percent of Medicare FFS Claims Received by Time after Date of Service**

<table>
<thead>
<tr>
<th>Claim Type</th>
<th>1 Month†</th>
<th>2 Months</th>
<th>3 Months</th>
<th>6 Months</th>
<th>9 Months</th>
<th>12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>43%</td>
<td>91%</td>
<td>96%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
</tr>
<tr>
<td>SNF</td>
<td>2%</td>
<td>81%</td>
<td>94%</td>
<td>98%</td>
<td>99%</td>
<td>100%</td>
</tr>
<tr>
<td>Hospice</td>
<td>3%</td>
<td>81%</td>
<td>92%</td>
<td>98%</td>
<td>99%</td>
<td>100%</td>
</tr>
<tr>
<td>Home Health</td>
<td>22%</td>
<td>74%</td>
<td>90%</td>
<td>97%</td>
<td>99%</td>
<td>100%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>37%</td>
<td>90%</td>
<td>95%</td>
<td>98%</td>
<td>99%</td>
<td>100%</td>
</tr>
<tr>
<td>Carrier</td>
<td>43%</td>
<td>87%</td>
<td>93%</td>
<td>98%</td>
<td>99%</td>
<td>100%</td>
</tr>
<tr>
<td>DME</td>
<td>57%</td>
<td>84%</td>
<td>90%</td>
<td>96%</td>
<td>98%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Percent of Medicare Advantage Claims Received by Time after Date of Service**

<table>
<thead>
<tr>
<th>Claim Type</th>
<th>1 Month</th>
<th>2 Months</th>
<th>3 Months</th>
<th>6 Months</th>
<th>9 Months</th>
<th>12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>11%</td>
<td>52%</td>
<td>61%</td>
<td>80%</td>
<td>88%</td>
<td>92%</td>
</tr>
<tr>
<td>SNF</td>
<td>5%</td>
<td>46%</td>
<td>66%</td>
<td>81%</td>
<td>87%</td>
<td>92%</td>
</tr>
<tr>
<td>Home Health</td>
<td>11%</td>
<td>52%</td>
<td>65%</td>
<td>83%</td>
<td>89%</td>
<td>93%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>17%</td>
<td>63%</td>
<td>73%</td>
<td>87%</td>
<td>92%</td>
<td>95%</td>
</tr>
<tr>
<td>Professional</td>
<td>21%</td>
<td>62%</td>
<td>73%</td>
<td>87%</td>
<td>93%</td>
<td>95%</td>
</tr>
<tr>
<td>DME</td>
<td>23%</td>
<td>61%</td>
<td>72%</td>
<td>86%</td>
<td>91%</td>
<td>94%</td>
</tr>
</tbody>
</table>

Month 1 is the service month (i.e., month for the claim through date); FFS claims analysis based on data for July 2016; MA encounter data shows the % of encounters reported to us by 30 day increments from the through date of the service for January 2018. The data in this table is meant to be descriptive, but shouldn’t be used to adjust data presented in this update due to pandemic-related claims submission uncertainties.
COVID-19 Cases

1,004,903 Total COVID-19 Cases 1,562 COVID-19 Cases per 100K

COVID-19 Cases per 100K by Geography

Rural Areas: 959 per 100K
Urban Areas: 1,723 per 100K

Disclaimer: All data presented in this update are preliminary and will continue to change as CMS processes additional claims and encounters for the reporting period. COVID-19 cases are identified using the following ICD-10 diagnosis codes: B97.29 (from 1/1-3/31/2020) and U07.1 (4/1/2020 and after). Medicare claims and encounter data are collected for payment and other program purposes, not public health surveillance, so caution must be used when interpreting the data. For additional details on data limitations, please see page 2 of this data update and view the methodology document available here.
COVID-19 Case Trend

B97.29 diagnosis (January 1 to March 31, 2020)
U07.1 diagnosis (April 1, 2020 and after)
Other respiratory infections (included for illustrative purposes; 2020 trend similar to 2019 - see methods for additional details)

Note: Other respiratory infection refers to J80 - Acute respiratory distress syndrome, J22 - Unspecified acute lower respiratory infection, J988 - Other specified respiratory disorders, and J1289 - Other viral pneumonia.

Note: Data for recent weeks is likely to be adjusted upward due to claims lag; see page 2 of this data update for additional details on claims lag.

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COVID-19 Cases

1,004,903 Total COVID-19 Cases

1,562 COVID-19 Cases per 100K

COVID-19 Cases per 100K by Beneficiary Characteristics

- Medicare Only: 1,037
- Dual Medicare and Medicaid: 3,892
- Female: 1,479
- Male: 1,632
- AI/AN: 2,152
- Asian: 1,243
- Black: 2,799
- Hispanic: 2,627
- White: 1,272
- Oth/Unk: 1,144
- Aged: 1,510
- Disabled: 1,574
- ESRD: 6,327
- <65: 1,698
- 65-74: 1,153
- 75-84: 1,645
- 85+: 2,999

Note: AI/AN = American Indian/Alaskan Native
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COVID-19 Cases

1,004,903 Total COVID-19 Cases 1,562 COVID-19 Cases per 100K

COVID-19 Cases per 100K by Beneficiary Characteristics
-Medicare Only vs. Dual Medicare and Medicaid Eligibility-

<table>
<thead>
<tr>
<th>Category</th>
<th>Medicare Only</th>
<th>Dual Medicare and Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged</td>
<td>1,023</td>
<td>4,729</td>
</tr>
<tr>
<td>Disabled</td>
<td>967</td>
<td>2,153</td>
</tr>
<tr>
<td>ESRD</td>
<td>3,995</td>
<td>9,404</td>
</tr>
<tr>
<td>Female</td>
<td>1,044</td>
<td>3,964</td>
</tr>
<tr>
<td>Male</td>
<td>1,030</td>
<td>3,788</td>
</tr>
<tr>
<td>AI/AN</td>
<td>1,331</td>
<td>738</td>
</tr>
<tr>
<td>Asian</td>
<td>2,192</td>
<td>1,788</td>
</tr>
<tr>
<td>Black</td>
<td>4,597</td>
<td>4,463</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4,463</td>
<td>3,672</td>
</tr>
<tr>
<td>White</td>
<td>917</td>
<td>806</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>806</td>
<td>3,040</td>
</tr>
</tbody>
</table>

Note: AI/AN = American Indian/Alaskan Native

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COVID-19 Hospitalizations

284,316 Total COVID-19 Hospitalizations  
444 COVID-19 Hospitalizations per 100K

COVID-19 Hospitalizations per 100K by Geography

Rural Areas: 252 per 100K
Urban Areas: 495 per 100K

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Preliminary Medicare COVID-19 Data Snapshot:
Medicare Claims and Encounter Data: Services January 1 to August 15, 2020, Received by September 11, 2020

COVID-19 Hospitalizations

Total COVID-19 Hospitalizations: 284,316
COVID-19 Hospitalizations per 100K: 444

COVID-19 Hospitalizations Trend

Note: Data for recent weeks is likely to be adjusted upward due to claims lag; see page 2 of this data update for additional details on claims lag.

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COVID-19 Hospitalizations

284,316 Total COVID-19 Hospitalizations

444 COVID-19 Hospitalizations per 100K

COVID-19 Hospitalizations per 100K by Beneficiary Characteristics

Medicare Only
- 278

Dual Medicare and Medicaid
- 1,199

Medicare Only
- 278

Dual Medicare and Medicaid
- 1,199

Female
- 479

Male
- 415

AI/AN
- 917

Asian
- 401

Black
- 1,114

Hispanic
- 831

White
- 303

Oth/Unk
- 297

<65
- 483

65-74
- 299

75-84
- 514

85+
- 875

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COVID-19 Hospitalizations

284,316 Total COVID-19 Hospitalizations
444 COVID-19 Hospitalizations per 100K

COVID-19 Hospitalizations per 100K by Beneficiary Characteristics
-Medicare Only vs. Dual Medicare and Medicaid Eligibility-

**Note:** AI/AN = American Indian/Alaskan Native

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COVID-19 Hospitalizations

284,316 Total COVID-19 Hospitalizations

444 COVID-19 Hospitalizations per 100K

Percent of COVID-19 Hospitalizations by Discharge Status

- Home: 31%
- Expired: 22%
- Skilled Nursing Facility: 22%
- Home Health: 13%
- Hospice: 5%
- Another Health Care Facility: 4%
- Assisted Living/Nursing Home: 2%
- Other: 1%

Percent of COVID-19 Hospitalizations by Length of Stay

- 1-7 days: 49%
- 8-10 days: 16%
- 11-15 days: 15%
- 16-20 days: 8%
- 21-30 days: 7%
- 31+ days: 5%

Note: Percentages may not add to 100% because of rounding.

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**Preliminary Medicare COVID-19 Data Snapshot:**
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**COVID-19 Hospitalizations**

**178,563** Total Fee-for-Service COVID-19 Hospitalizations

### Chronic Condition Prevalence Among Fee-for-Service COVID-19 Hospitalized Beneficiaries

- **Hypertension**: 80%
- **Hyperlipidemia**: 62%
- **Chronic Kidney Disease**: 52%
- **Diabetes**: 51%
- **Anemia**: 49%
- **Ischemic Heart Disease**: 46%
- **Rheumatoid Arthritis/Osteoarthritis**: 46%
- **Alzheimer Disease/Dementia**: 37%
- **Depression**: 36%
- **Peripheral Vascular Disease**: 35%
- **Heart Failure**: 35%
- **Obesity**: 31%
- **COPD**: 23%
- **Atrial Fibrillation**: 14%
- **Cancer**: 12%
- **Schizophrenia**: 12%
- **Stroke**: 10%
- **Osteoporosis**: 9%
- **Asthma**: 8%

### Medicare Payments for Fee-for-Service COVID-19 Hospitalizations

**$4.4 Billion**
Total Medicare payment for fee-for-service COVID-19 hospitalizations

**$24,582**
Average Medicare payment per fee-for-service COVID-19 hospitalization

**$5,156** (5th percentile) - **$68,603** (95th percentile)

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