

FACTSHEET

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Use of Medicare Care Planning Benefit

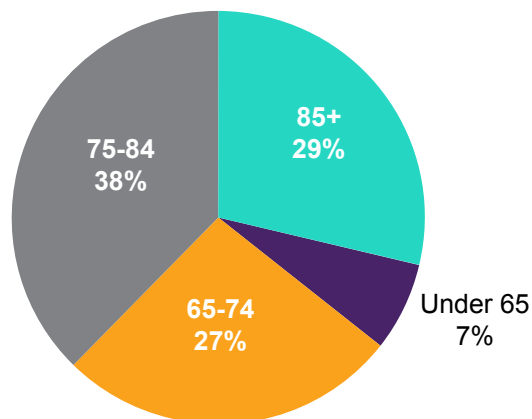
Care planning is critical to improving outcomes for those with Alzheimer's and other dementias.

- Care planning allows diagnosed individuals and their caregivers to learn about medical and non-medical treatments, clinical trials, and support services available in the community—resulting in a higher quality of life for those with the disease and their caregivers.
- Individuals receiving care planning specifically geared toward those with dementia have fewer hospitalizations, fewer emergency room visits, and better medication management. Care planning is also key to care coordination and the management of other chronic conditions.

Medicare covers care planning for individuals with a cognitive impairment, including Alzheimer's disease.

- Since January 1, 2017, Medicare has reimbursed physicians and other health care professionals for providing a comprehensive set of care planning services to people with cognitive impairment and their caregivers.
- Among other things, a care planning visit includes a functional assessment, an evaluation of safety, identification of caregiver needs, advance care planning, medication reconciliation, and the development of a detailed care plan, including referrals to community resources.

Age of Beneficiaries Using Code



*Totals may not add to 100 due to rounding

In the first year the care planning benefit was available, few Medicare beneficiaries received the benefit.

- In 2017, 18,669 fee-for-service Medicare beneficiaries received the care planning benefit, nearly 1,300 (6.9 percent) of whom were individuals under the age of 65 on Medicare disability.
- In seven states (Alaska, Montana, New Hampshire, North Dakota, Rhode Island, South Dakota, and Vermont) and the District of Columbia, not a single fee-for-service Medicare beneficiary received the benefit.
- Even after accounting for use by individuals in Medicare Advantage plans (see box on reverse), fewer than one percent of those with Alzheimer's and other dementias received the care planning benefit in 2017.

Although use of the care planning benefit was low, it increased over the course of the year as more individuals and providers became aware of the benefit.

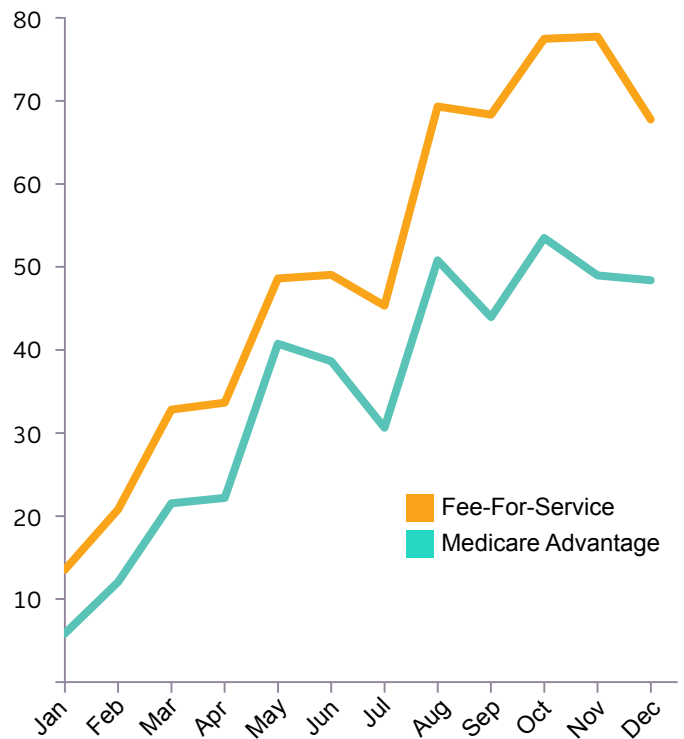
- In January 2017, fewer than 500 people received the benefit, but in December, more than 2,000 did.
- Compared with the first quarter of 2017, the rate of use of the care planning benefit was 3.3 times greater in the fourth quarter.

Medicare Advantage Plans

Data in this Fact Sheet are for Medicare fee-for-service (FFS) beneficiaries only. An analysis was also conducted on Medicare Advantage (MA) data. That data set represented 37 percent of MA enrollees and was not necessarily a nationally representative sample; therefore, the data were not added to the FFS data. However, the MA data that were analyzed found:

- Use of the care planning benefit was lower in MA plans. The MA utilization rate was 39.4 per 100,000 beneficiaries compared with 55.6 per 100,000 beneficiaries in FFS.
- Relatively, more MA providers billed for the code. In MA plans, each provider who billed for care planning provided the benefit to an average of 5.3 people compared with an average of 15.5 people per provider under FFS.
- Family practice doctors were twice as likely to provide the care planning benefit under MA plans than under FFS. Conversely, neurologists were 64 percent more likely to be the care planning provider under FFS than under MA plans.
- The month-over-month trend in use of the care planning benefit was virtually identical among MA plans and FFS beneficiaries. Compared with the first quarter of 2017, the utilization rate in the fourth quarter was 3.8 times greater in MA plans and 3.3 times greater in FFS.

First Year Code Usage
(Per 1,000,000 Beneficiaries)



Both primary care doctors and specialists conducted the care planning.

- More than 1,200 practitioners provided the care planning benefit to an average of 15.5 patients each.
- More than half of the care planning visits were conducted by doctors of internal medicine and neurologists.
- The top three reasons for which individuals were seeing their provider when they received care planning were general dementia, mild cognitive impairment, and Alzheimer’s disease.
- While most people had one care planning visit in 2017, 7.8 percent of individuals saw a provider for care planning on two or more occasions.