



# New Maryland Duals with Mental Health Conditions: Prior Medicare and Medicaid Resource Use

## Introduction

Mental illness is both a cause for becoming a dual-eligible, or dual (someone who is eligible for both Medicare and Medicaid) and a factor contributing to the complexity of managing the care for individuals with multiple chronic conditions and associated functional impairments. The co-occurrence of mental health disorders and chronic somatic health conditions can pose significant burdens to health care system resources that address complex care needs.

## Purpose

This poster provides an overview of a recent Hilltop report that assesses differences in chronic disease conditions among duals with a mental health diagnosis based on two pathways: either enrolled in Medicaid first or enrolled in Medicare first.

## Methods

Using both Medicare and Medicaid administrative data, we explored the prevalence of co-occurring mental health disorders and subsequent resource use among Maryland's new duals during 2008.

For new Medicaid-first enrollees, we analyzed both Medicaid fee-for-service (FFS) claims and managed care encounter data; for new Medicare-first enrollees, we analyzed Medicare FFS claims data.

The definition of "enrollee" used in this research includes 1) a person who receives Medicare and full Medicaid benefits and 2) a person who receives Medicare and partial Medicaid benefits in the form of support for premiums, copayments, and deductibles. Existing administrative data sets were bolstered by applying CCW (Chronic Conditions Data Warehouse) categories to identify mental health conditions and somatic health co-occurring conditions. These broad categories were chronic, clinical, and disability-related, and each had a set of algorithms that identified specific conditions.

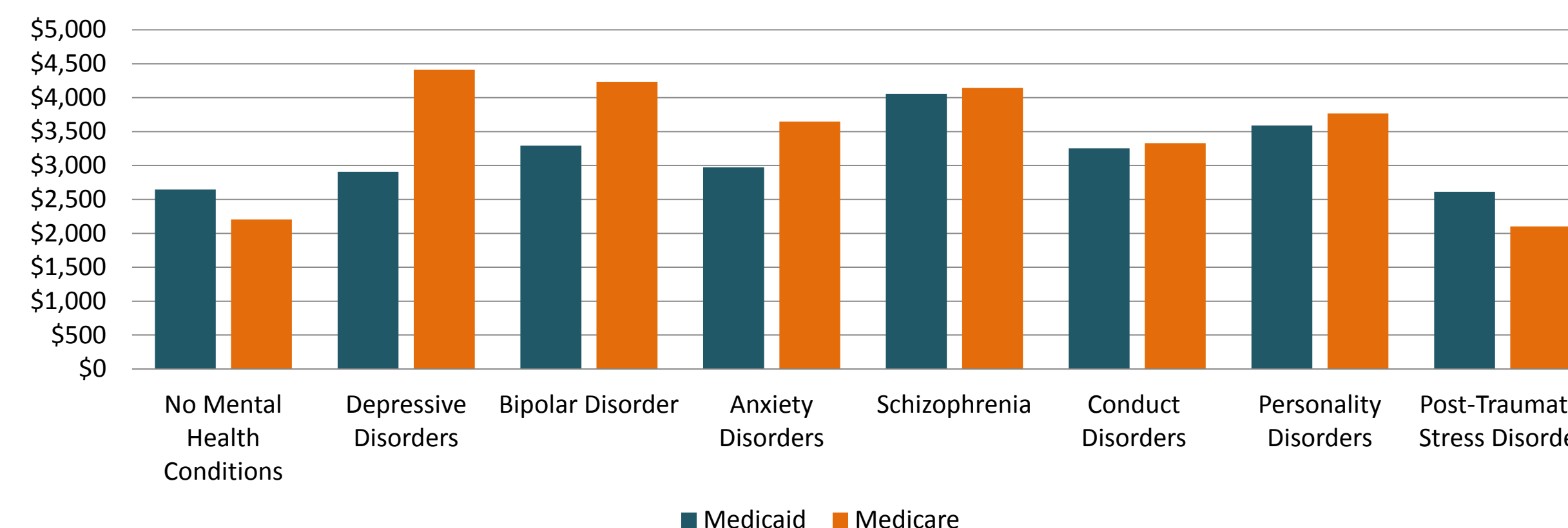
### Demographic Distribution of MD's New Duals, 2008

Category	Study Cohort				Medicaid-First				Medicare-First			
	All		Mental Health		All		Mental Health		All		Mental Health	
	n	%	n	%	n	%	n	%	n	%	n	%
Female	7,297	61.3%	2,876	64.3%	2,792	58.5%	1,119	60.4%	4,505	63.2%	1,757	67.1%
Male	4,607	38.7%	1,598	35.7%	1,982	41.5%	735	39.6%	2,625	36.8%	863	32.9%
Non-White	6,924	58.2%	2,109	47.1%	2,945	61.7%	951	51.3%	3,979	55.8%	1,158	44.2%
White	4,980	41.8%	2,365	52.9%	1,829	38.3%	903	48.7%	3,151	44.2%	1,462	55.8%
Urban	8,057	67.7%	2,812	62.9%	3,478	72.9%	1,268	68.4%	4,579	64.2%	1,544	58.9%
Rural	3,847	32.3%	1,662	37.1%	1,296	27.1%	586	31.6%	2,551	35.8%	1,076	41.1%
0-64	4,943	41.5%	2,289	51.2%	3,288	68.9%	1,554	83.8%	1,655	23.2%	735	28.1%
65+	6,961	58.5%	2,185	48.8%	1,486	31.1%	300	16.2%	5,475	76.8%	1,885	71.9%
Total	11,904	100%	4,474	37.6%	4,774	40.1%	1,854	38.8%	7,130	59.9%	2,620	36.7%

### Prevalence of Mental Health Conditions in MD's New Duals, 2008

Condition	All			Medicaid-First			Medicare-First		
	n	% All	% MH	n	% All	% MH	n	% All	% MH
Depressive Disorders	2,909	24.4%	65.0%	1,235	25.9%	66.6%	1,674	23.5%	63.9%
Bipolar Disorder	1,589	13.3%	35.5%	699	14.6%	37.7%	890	12.5%	34.0%
Anxiety Disorders	1,410	11.8%	31.5%	588	12.3%	31.7%	822	11.5%	31.4%
Schizophrenia and Other Psychotic Disorders	1,107	9.3%	24.7%	423	8.9%	22.8%	684	9.6%	26.1%
Conduct Disorders and Hyperkinetic Syndrome	244	2.0%	5.5%	143	3.0%	7.7%	101	1.4%	3.9%
Personality Disorders	171	1.4%	3.8%	85	1.8%	4.6%	79	1.1%	3.0%
Post-Traumatic Stress Disorder	135	1.1%	3.0%	92	1.9%	5.0%	50	0.7%	1.9%

### Average PMPM Costs for MD's New Duals by Mental Health Condition and Payer, 2008



## Conclusion

Mental health conditions were present in over a third of all new duals in the study population, regardless of payer. Females and rural residents were slightly more likely to have a mental health condition than males and urban residents, while whites and younger individuals were much more likely to have a mental health condition than non-whites and older individuals. Although these population differences are statistically significant, it is clear that mental health issues are not limited to a specific demographic group.

By far, the most prevalent mental health condition was **depressive disorders**, which affected almost a quarter of all new duals in Maryland and about two-thirds of new duals with a mental health diagnosis. Bipolar disorders, anxiety disorders, and schizophrenia were less common, and conduct disorders, personality disorders, and post-traumatic stress disorder were relatively rare.

The average Medicaid-first individual with at least one mental health condition cost about **15% more** than the average individual without a mental health condition; the average Medicare-first individual with at least one mental health condition cost about **75% more** than the average individual without a mental health condition. However, these differences varied drastically depending on the condition.

## Acknowledgements

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