Approximately 2.5 million adults aged 18 to 64 were eligible for both Medicaid and Medicare (dual eligible) during any given year from 2008 to 2011.

Approximately 49 percent of dual eligible adults aged 18 to 64 were identified as having any mental illness or substance use disorder (behavioral health conditions) within the past year, compared with 14 percent among adults who were not dually eligible.

The average annual total health care expenditures for dual eligible adults aged 18 to 64 were $15,203, compared with $3,540 for adults who were not dually eligible.

The average yearly health care expenditures for dual eligible adults aged 18 to 64 who received treatment for their behavioral health conditions were $16,803; this was twice as high as average health care expenditures among adults who were not dually eligible and received treatment for behavioral health conditions ($7,860).
Congressional Budget Office estimated that 37 percent of dual eligible adults had a mental illness diagnosis. Dual eligible adults younger than the age of 65 have significant health problems and report more health care access problems than dual eligible adults aged 65 or older. Moreover, these individuals can be covered by Medicaid and Medicare over their lifetimes; however, the health care spending of these individuals is not readily known. Using more recent data (i.e., 2008 to 2011) from a nationally representative household survey, this issue of The CBHSQ Report estimates the prevalence of behavioral health conditions and health care expenditures among adults aged 18 to 64 who, at any point in a year, were covered by both Medicare and Medicaid and compares these estimates with those of adults aged 18 to 64 who were not dually eligible.

**Data Source and Definitions**

Estimates for this report were generated from the Medical Expenditure Panel Survey (MEPS). Data years for MEPS were pooled from 2008 through 2011 to increase sample size and stabilize variance estimates. MEPS is sponsored by the Agency for Healthcare Research and Quality within the Department of Health and Human Services. The survey has been conducted annually since 1996 and is designed to produce national and regional estimates for the U.S. civilian noninstitutionalized population. MEPS collects data on health care utilization, expenditures, sources of payment, insurance coverage, and health care quality. This analysis used data from the full-year consolidated files, medical condition files, and medical event files. Descriptions of these MEPS files, how they relate, and detailed information on MEPS content and survey design are available at [http://www.meps.ahrq.gov](http://www.meps.ahrq.gov). Mental health and substance use disorders are defined based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) ([http://www.cdc.gov/nchs/蒋/icd9cm.htm](http://www.cdc.gov/nchs/蒋/icd9cm.htm)) and the Clinical Classifications Software (CCS) for ICD-9-CM ([http://www.hcup-us.ahrq.gov/toolssoftware/蒋/蒋s. jelly](http://www.hcup-us.ahrq.gov/toolssoftware/蒋/蒋s. jelly)). Persons who had any of the selected diagnostic codes associated with treatment resulting in claims were considered to have had a mental health/substance use disorder.

**Behavioral Health Conditions**

An estimated 2.5 million adults aged 18 to 64 were identified as being dually eligible for Medicaid and Medicare at some point within the year prior to their interview. This reflected approximately 1.3 percent of adults aged 18 to 64.

MEPS estimated that 49.4 percent of dual eligible adults aged 18 to 64 had behavioral health conditions in the past year (Figure 1). In contrast, 13.8 percent of adults not dually eligible were estimated to have had behavioral health conditions.

This pattern was found in another nationally representative U.S. data source, the National Survey on Drug Use and Health (NSDUH; details on NSDUH are available at [http://www.samhsa.gov/data/NSDUH. aspx](http://www.samhsa.gov/data/NSDUH.aspx)). Although NSDUH differs from MEPS in how data are collected and behavioral health conditions are defined, data from 2008 to 2011 show a significantly greater percentage of past-year substance use disorder or any mental illness among dual eligible adults than individuals who were not dually eligible (45.7 vs. 25.4 percent).

**Health Care Expenditures**

The yearly total health care expenditures for dual eligible adults averaged approximately $15,023; this is significantly higher than average annual expenditures for adults who were not dually eligible ($3,540) (Figure 2). Similarly, among adults who received behavioral health treatment, the average yearly health care expenditures were twice as high for dual eligible adults as for adults who were not dually eligible ($16,803 per year for dual eligible adults vs. $7,860 for adults not dually eligible).

**Discussion**

This report is one of the few to focus on describing the potential behavioral health needs of dual eligible adults aged 18 to 64. Using a recent nationally representative data source, this report identified that close to half of adults aged 18 to 64 who were dually eligible for Medicaid and Medicare reported having behavioral health conditions in the past year, whereas the percentage was much lower among adults aged 18 to 64.
who were not dually eligible. This pattern was similar to that shown by other data sources mentioned previously in this report. Despite the differences in the methods of data collection and definition of mental illness or substance abuse, data show that a sizeable proportion of the dual eligible population that is younger than 65 have behavioral health conditions. Even among those who received behavioral health treatment, dual eligible adults were estimated to have significantly greater yearly health care expenditures than adults who were not dually eligible. This was consistent with recent findings using Medicare data from 2006 to 2009.9

Health care providers may want to consider the higher prevalence of behavioral health conditions when working with dual eligible adults younger than the age of 65. Additionally, it has been suggested that more than one third of these adults have multiple chronic conditions that cut across both physical and mental health care.6 The Affordable Care Act (ACA) includes a number of provisions that attempt to enhance care for dual eligible recipients, including establishing two federal entities to improve coordination between Medicare and Medicaid and enhance access to benefits for dual eligible individuals. ACA also encourages integrated care for dual eligible individuals through the establishment of health homes.10 The implementation of ACA is expected to improve behavioral health care for these dual eligible adults.

End Notes


8. SAMHSA has been publishing estimates of the prevalence of past year serious mental illness (SMI) and any mental illness among adults aged 18 or older since the release of the 2008 NSDUH national findings report. Estimates were based on a model developed in 2008. In 2013, SAMHSA developed a more accurate model for the 2012 data and subsequently revised the SMI and any mental illness estimates for the years 2008, 2009, 2010, and 2011 based on the 2012 model. The combined 2008 to 2011 estimates in this report are based on the 2012 model. For additional information, see Center for Behavioral Health Statistics and Quality. (2013). *The NSDUH Report: Revised estimates of mental illness from the National Survey on Drug Use and Health*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from http://www.samhsa.gov/data/2k13/NSDUH148/sr148-mental-illness-estimates.pdf


---

**Suggested Citation**