Many state Medicaid agencies are adopting integrated case management (ICM) as a way to address the diverse medical, social and behavioral health challenges of high-need patients. As the ACA Medicaid expansions newly extend Medicaid coverage to nonelderly adults, it is important to understand how ICM affects health care service use and spending by this population and to identify ICM models that yield the greatest benefits. This study examined the impact of two different ICM models implemented during the 2009-2013 study period; the first model was largely standardized and automated while the second was much more patient-centered and interactive.

More intense involvement with a patient-centered ICM model that utilized personalized goal setting by patients and direct one-on-one contact with the case manager significantly decreased use of ED visits, non-emergent ED care and primary care visits among participants classified as high risk. Effects on inpatient and specialty use and on total spending were also negative for this population but not statistically significant.

Conversely, more intense involvement with the patient-centered ICM model significantly reduced total spending for lower-risk participants, but did not affect their number of health system contacts. These participants had high rates of psychiatric conditions and substance abuse. Maintaining regular contact with the health system is likely beneficial to them, while lower intensity of care during these visits generates program savings.

ICM can be a successful strategy for changing health care service use and spending of nonelderly adult Medicaid enrollees.

Careful program targeting, strong patient engagement and frequent direct contacts between patients and case managers are important factors for a successful program.

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