**CARE MANAGEMENT DEMONSTRATION DESCRIPTIVE REPORT: EXECUTIVE SUMMARY**

**Report Intent:** Within the context of the prescription and practice of six care management demonstrations (CMDs), as authorized by the relevant state legislation, this report shows changes in healthcare costs, emergency room visits, and inpatient admissions in the pre period (20 months immediately prior to the CMD intervention period) and the post period (the 20 months of CMD intervention) among chronically-ill sample populations.

**Executive Summary:**

1. Hillside Children’s Center Cross Systems Solutions was one of six care management demonstrations (CMDs), between July, 16th, 2006 and February 29th, 2008. A population of 378 non-dual Medicaid enrollees was selected to be a part of the CMD descriptive report. Two hundred and forty eight Medicaid enrollees were contacted for active enrollment purposes by the CMDs. One hundred and thirty Medicaid enrollees were assigned to the control groups.

2. The three variables depicted in the final report include: Medicaid expenditures, measured as a ‘per member per month’ (PMPM) average, for healthcare costs only (from Medicaid claims) and for combined costs (healthcare and CMD program costs). Also, inpatient admissions and emergency room visits for all causes, calculated as rates ‘per 1,000’, based on a weighted average per person, were included.

3. In the Hillside Children’s Center CMD, control group participants cost more, in terms of direct healthcare costs, than did active enrollees. However, when including CMD program costs, active enrollees were more expensive. For emergency room visits, the study group exhibited a decrease in ER visits compared to an increase in the control group. Finally, the study group exhibited a net change indicative of an increase in inpatient admissions relative to a decrease in the control group.

4. To varying degrees, all six CMDs experienced difficulties with the process of locating and actively enrolling Medicaid enrollees. Overall CMD enrollment was only 17% (911 out of 5,274 Non-dual Medicaid enrollees identified with at least one of the selected chronic conditions).

5. As a result of difficulties with active enrollment and also with reporting, one CMD dropped out of the demonstration four months before the conclusion of the intervention period.

6. The difficulties with active enrollment have led to small study groups which are not comparable to the randomly selected control groups. This has had a confounding effect on the evaluation of the six CMDs. As a result, this report describes pre and post changes in the three variables of interest without making an estimate of the effect of care management on those changes.

7. **Medicaid expenditures:** In two of the CMDs, active enrollees were more expensive than control group participants.

8. **Emergency room (ER) visits:** In one CMD, ER visits decreased in the study group but decreased more in the control group.

9. **Inpatient admissions:** In four of the six CMDs, the study group exhibited a net change indicative of an increase in inpatient admissions relative to a decrease or smaller increase in the control group. In one of the CMDs, inpatient admissions in the study group increased less than they did in the control group. In another CMD, inpatient admissions decreased in the study group but decreased more in the control group.