

New Medicare Advantage Pilot Links Proactive Geriatric Mental Health Care to Reduced Hospitalizations



VNS Health And Vitalic Release Early Findings From a Telehealth-Based Behavioral Health Program Targeting High-Risk Older Adults

Associated Press, Mar 18, 2026

New York, NY — A new pilot study conducted by the nonprofit home- and community-based health care organization [VNS Health](#) and geriatric behavioral health platform [Vitalic](#) suggests that proactively identifying and treating depression and anxiety among Medicare Advantage (MA) members may reduce emergency department visits and hospitalizations, while improving clinical outcomes for older adults with multiple chronic conditions.

The findings, released today in a [white paper](#), analyzed the first six months of a telehealth-based program that uses a phase-based approach to care designed specifically for older adults and individuals with long-term disabilities. The program uses health plan data to proactively identify members at risk for untreated behavioral health conditions, including depression, anxiety, and social isolation, then rapidly connects them to a geriatric-specialized interdisciplinary care team.

Key Findings from The Pilot Study:

- Depression scores (PHQ-9) declined by nearly 4 points.
- Anxiety scores (GAD-7) declined by nearly 3 points.
- Emergency department use decreased from 17.1% to 12.9%.
- Hospital admissions decreased from 4.3% to 2.9%.

- There is an increased need for behavioral health services among traditionally underserved communities—particularly non-English speakers and low-income MA members
- Newly identified cases of major depression increased risk-adjustment coding accuracy for Medicare Advantage plans.

Among a subgroup of patients whose depression improved from moderate/severe to mild levels, their combined rate of having either an inpatient hospital stay or an ED visit declined from 41% in the three months preceding enrollment in the study to 18% in the three months following enrollment.

Addressing a Silent Driver of Medicare Costs

Depression is [significantly underdiagnosed](#) among older adults, particularly those managing multiple chronic illnesses—this despite strong evidence linking untreated behavioral health conditions to higher total medical spending. [Prior research](#) shows that Medicare beneficiaries with comorbid depression incur more than 50% higher annual health care costs than those without depression, largely driven by greater use of medical — not psychiatric — services. Yet fewer than half of older adults with depression are identified in primary care settings, and only [about 20%](#) receive effective treatment.

“This research demonstrates that proactive behavioral health engagement, as opposed to waiting for an individual to be referred for behavioral health care, can meaningfully improve outcomes for medically complex Medicare Advantage members,” says **Dr. Jerry Frank, Chief Medical Officer, VNS Health Health Plans**. “When we treat depression and anxiety early, we’re not just improving mental health: We’re strengthening a person’s ability to manage diabetes, heart disease, mobility challenges, and other chronic conditions that drive hospital use.”

A Different Model: Identify First, Refer Later

Unlike traditional models of care that depend on primary care referrals and typically involve long wait times for behavioral health treatment, the Vitalic approach uses claims and assessment data to proactively identify members who are likely to have unmet behavioral health needs.

In this pilot study, engagement specialists contacted these eligible members directly. Those who opted into the study received telehealth care that included: coaching/case management, CBT therapy, and medication management, all delivered by a multidisciplinary team with specialized geriatric training. Under the phase-based model, approximately 80% of clinical resources in phase-based care are directed toward new or high-acuity patients in order to eliminate wait times and accelerate stabilization.

Early Signals of Improved Access

While the group generally reflected local demographics, uptake was notably higher among Spanish-speaking members (17%), indicating that these resources may historically have been harder for this population to access due to language or logistical barriers, and that there is a greater need within this population for behavioral health care.

Implications for Medicare Advantage and CMS Risk Adjustment

In addition to clinical improvements, the study found that the program helped identify previously undocumented cases of major depression and bipolar disorder among MA members. As a result, more members qualified for relevant Hierarchical Condition Categories (HCCs), potentially improving the accuracy of CMS Risk Adjustment Factor (RAF) scores.

This improved diagnostic capture may lead to better alignment of plan reimbursement with member complexity—an issue of growing importance as Medicare Advantage enrollment continues to [expand nationally](#).

“This proactive approach is about clinical integrity as much as it is about cost,” says **Ben Gardner, CEO and Co-Founder of Vitalic**. “When depression goes undiagnosed, patients suffer, and meanwhile health plans lack a complete picture of risk and their members’ needs. Proactive identification addresses both issues.”

Early but Promising Results

While the pilot study sample was relatively small and follow-up periods limited, its findings nonetheless provide promising early proof-of-concept that integrating geriatric behavioral health into Medicare Advantage population health management may improve outcomes while also bending the cost curve.

The full white paper is available [here](#).

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