2024 Population Assessment

CAREVio®

Linking Care. Improving Health.

Table of Contents

CareVio Overview

CareVio is a nationally recognized, innovative care management organization and a subsidiary of ChristianaCare. Serving as the central care coordination solution for the ChristianaCare Health System and Clinically Integrated Network (CIN), CareVio is committed to supporting patients on their health journey with personalized, compassionate, and data-informed care. Our interdisciplinary team, including physicians, nurse care managers, pharmacists, social workers, and behavioral health specialists—collaborates closely with clinicians across acute, post-acute, primary care, and community-based settings to ensure patients receive the right care, in the right place, at the right time.

CareVio offers a broad portfolio of care management services tailored to diverse patient needs. Programs span transitional care, chronic condition management, high-risk maternity and pediatric support, and complex care for individuals with significant medical, behavioral, and social challenges. Our teams leverage multiple engagement modalities—such as in-person visits, secure texting, telephonic outreach, and remote patient monitoring—to connect with patients across the care continuum. We prioritize seamless transitions of care and proactive intervention to improve outcomes, reduce unnecessary utilization, and enhance the patient and provider experience.

CareVio is both NCQA-accredited in Case Management and Population Health and HITRUST-certified, reflecting our strong commitment to quality, compliance, and information security. Our operations extend beyond the Delaware Tri-State region (including Pennsylvania, Maryland, and New Jersey), as evidenced by a national Registered Nurse licensure initiative. We continue to grow our national footprint through contractual care management partnerships across the U.S.

At the heart of CareVio is our mission: to deliver caring, compassionate, quality care and to engage individuals in managing their health and wellness. We strive to improve quality of life, optimize care coordination, and close equity gaps by integrating medical care with social support and community resources. Our vision is to provide an exceptional experience for every patient through a highly coordinated and collaborative approach to care

Population Assessment Overview

The CareVio Population Assessment is conducted to evaluate demographics, health conditions, cultural and linguistic characteristics, Social Determinants of Health (SDOH), and health equity opportunities across our member population. This comprehensive assessment is designed to identify key population needs and inform the strategic direction of CareVio programming, services, and resource allocation.

CareVio leverages both primary and secondary data sources to support its analysis. Primary data includes payer claims and clinical information from electronic health records and health information exchanges. Secondary data is elicited from publicly available local and federal sources, such as demographic and disability data from the U.S. Census Bureau. All measure calculations are based on standardized definitions, vetted and refined in collaboration by CareVio Clinical Leadership to ensure accuracy and relevance.

This assessment focuses on the needs of the overall population, as well as specific subpopulations such as those enrolled in selected CareVio programs. Particular attention is given to the influence of SDOH and the identification of disparities that may impact access, outcomes, and equity in care.

The primary objective of Population Assessment is to ensure that CareVio's programming, initiatives, services, and interventions are aligned with the medical, behavioral, and social needs of the communities we serve—supporting our mission to deliver equitable, high-quality, and patient-centered care.

Data Sources

CareVio Data Sources

CareVio's 2024 Population Assessment utilized a combination of several primary and secondary data sources to conduct descriptive analysis and inform population insights. The most current versions of each dataset were used at the time of analysis. However, some variation in reporting periods may exist, and additional claims data for 2024 may have been received after the assessment was completed.

Primary Data Sources: The following primary data sources were used in the development of this assessment.

1) **CareVio Claims and Encounter Data**: CareVio extracted claims and encounter data for the full member population from its internal medical and administrative databases. The data included in this report reflects claims and encounter data received by CareVio for services rendered between January 1st and December 31, 2024.

    a) **Methodology:** Descriptive analyses were performed to evaluate demographics, health conditions, disabilities, SDOH, utilization patterns, and other population trends.

2) **Electronic Health Record (PowerChart):** PowerChart, an electronic health record system was utilized to supplement claims data with clinical insights not

otherwise captured. While technically considered a secondary data source, it played a primary role in enhancing this assessment's clinical context.

3) **Program-Specific Data:** CareVio's Electronic Health Platforms were utilized to gather sub-population-specific data. It is important to note that a transition between platforms occurred mid-2024 (May 9, 2024), which may have influenced data consistency across the calendar year.

4) **Health Information Exchange (HIE) Data**: Data obtained from regional Health Information Exchanges provided additional insight into patient activity across geographic areas beyond ChristianaCare facilities. These datasets contributed to a more comprehensive view of care patterns and transitions.

Delaware Population 2024

In 2024, the majority of the CareVio population continues to reside in Delaware.

1) Delaware's median age is 41, which represents no change from prior year. In Delaware, 51.6% of the population is female vs. 48.4% males,[21] which minimally reflects changes from the previous year report.

2) Black or African American population ranked second in the state population accounting for 24.1%; while those with the racial composition of white was ranked first at 68.0%.[21]

3) The total population of Delaware identified as 89% non-Hispanic ethnicity, while 11% identified with an ethnicity of Hispanic, a minimal variation from the previous year.[21].

U.S. Census Bureau

The United States Census Bureau estimates that the approximate population of Delaware in 2024 was 1,051,917 (an increase from 2023 of 20,027 people). The census showed that New Castle County continues to be the most heavily populated area, followed by Sussex County, then Kent County for the third year in a row.

Modern Language Association (MLA) Language Map

1) The MLA Language map has not had an updated data set since the previous CareVio 2022 Population Health Assessment Report. Data from the Delaware Census State Data Center, US Bureau of Census and American Community Survey is displayed on 'World Population Review," which was used for comparison purposes in the body of this report (2023 World Population Review, 2024).

2) Comparison of the MLA Language Map with World Population Review data shows minimal differences between the data sets. English is spoken by 86% of Delaware residents; Spanish is the second most frequently spoken language within the Delaware population.

Geocoding

Eligibility files and claims data were analyzed utilizing a geocoding map to identify the primary residence of the CareVio population by zip code. As noted in the CareVio Population Health Assessment Report 2024, zip code residences may influence the health of members.

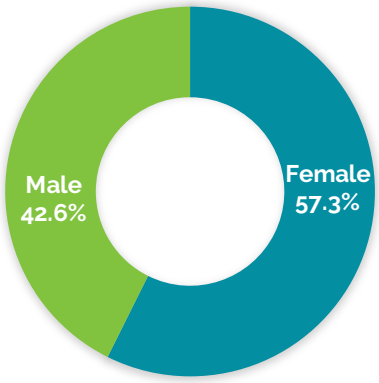
Lines of Business

In this population assessment, data points are often categorized by payer type: Commercial, Medicaid, Medicare, and Medicare Advantage, For the purposes of this report, Medicare refers to the population covered by Medicare Fee-For-Service (FFS).

Key Findings by CareVio Population By

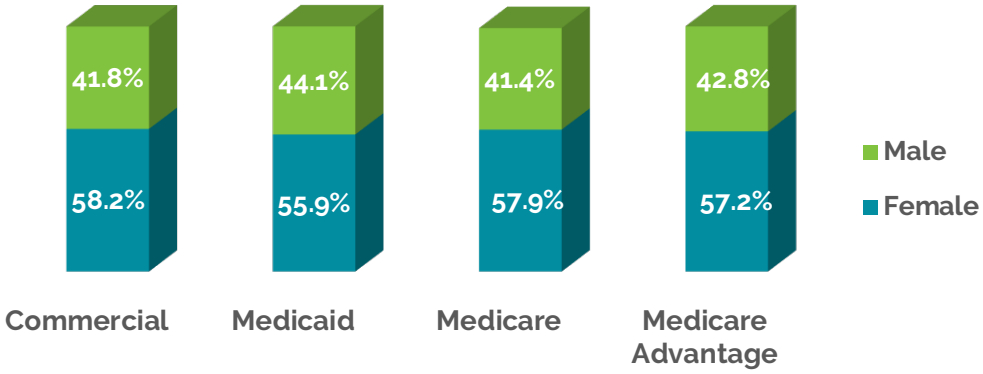
Gender

Total Population



Gender	Member Count	Member %
Female	102,992	57.3%
Male	76,577	42.6%
Unknown	277	0.2%
Total	**179,846**	**100%**

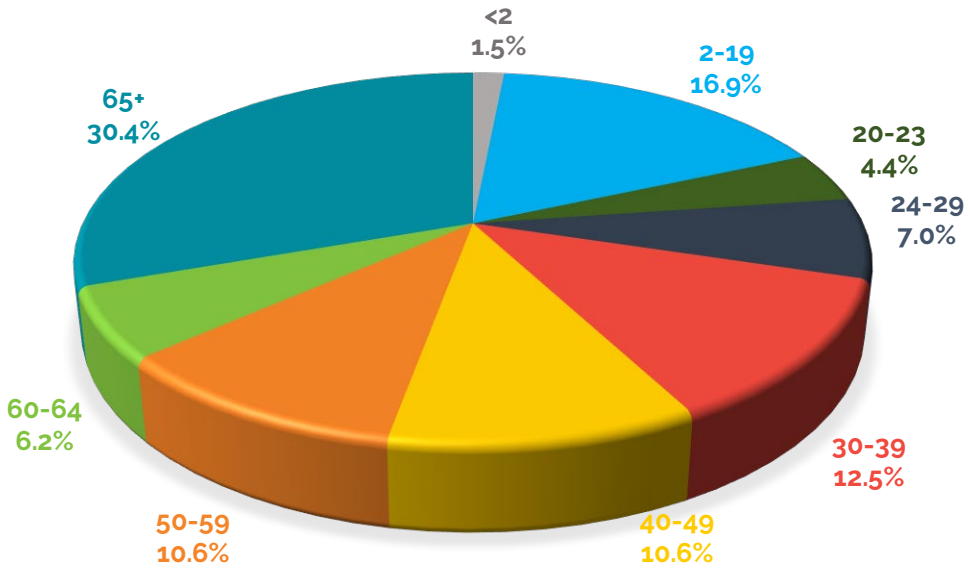
By Line of Business



Line of Business	Female	Male
Commercial	58.2%	41.8%
Medicaid	55.9%	44.1%
Medicare	57.9%	41.4%
Medicare Advantage	57.2%	42.8%

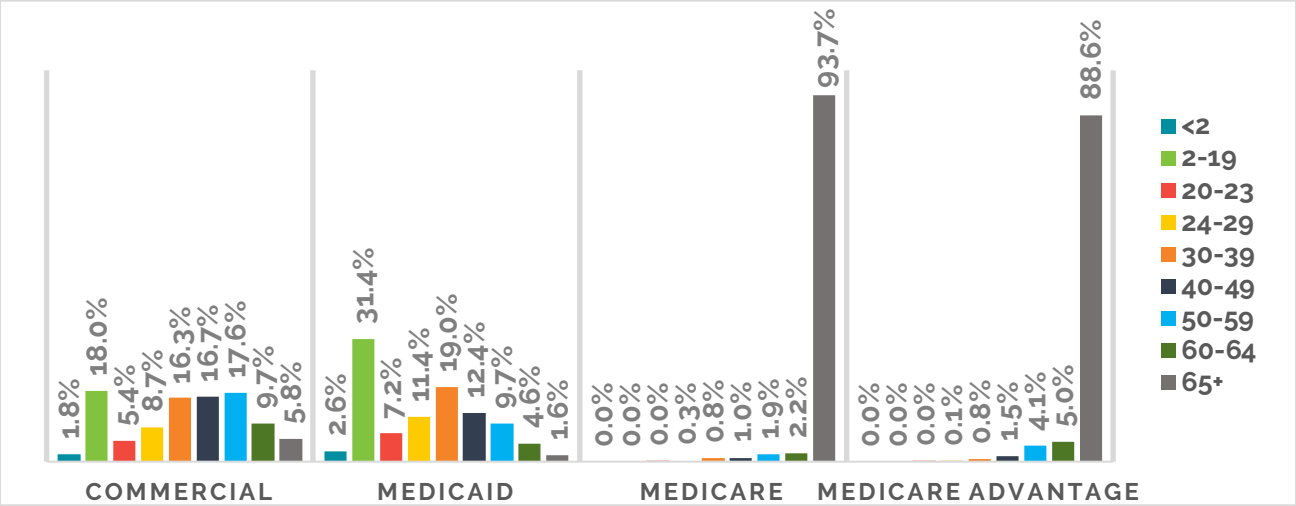
Age

Total Population



Age Group	Member Count	Member %
<2	2,729	1.5%
2-19	30,360	16.9%
20-23	7,849	4.4%
24-29	12,582	7.0%
30-39	22,440	12.5%
40-49	19,132	10.6%
50-59	19,052	10.6%
60-64	11,068	6.2%
65+	54,634	30.4%
Total	**179,846**	**100%**

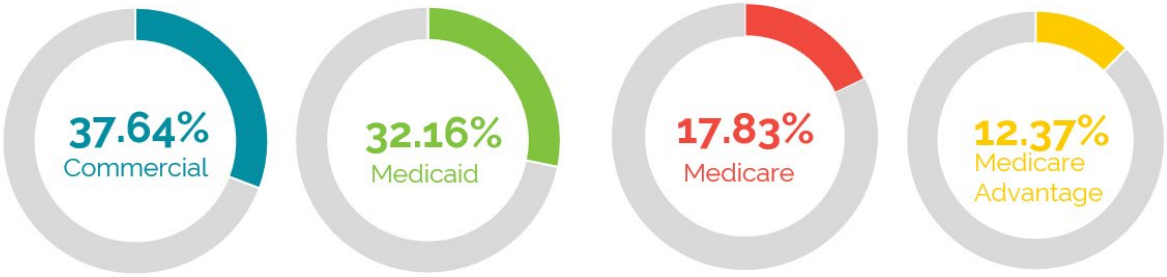
Claim Information by Age



Age Group	Commercial	Medicaid	Medicare	Medicare Advantage
<2	1.8%	2.6%	0.0%	0.0%
2-19	18.0%	31.4%	0.0%	0.0%
20-23	5.4%	7.2%	0.0%	0.0%
24-29	8.7%	11.4%	0.3%	0.1%

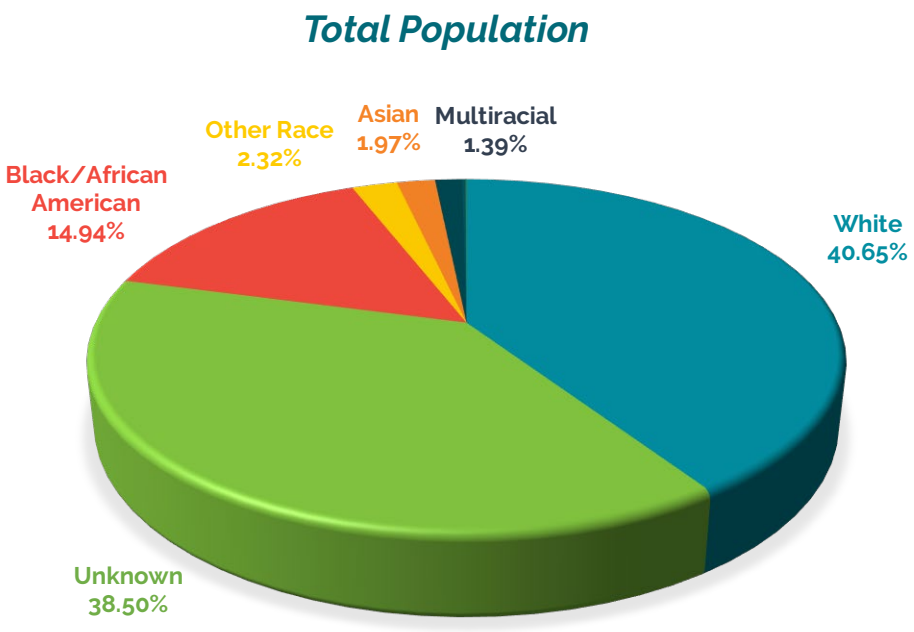
30-39	16.3%	19.0%	0.8%	0.8%
40-49	16.7%	12.4%	1.0%	1.5%
50-59	17.6%	9.7%	1.9%	4.1%
60-64	9.7%	4.6%	2.2%	5.0%
65+	5.8%	1.6%	93.7%	88.6%
Total	**100%**	**100%**	**100%**	**100%**

Line of Business (LOB)



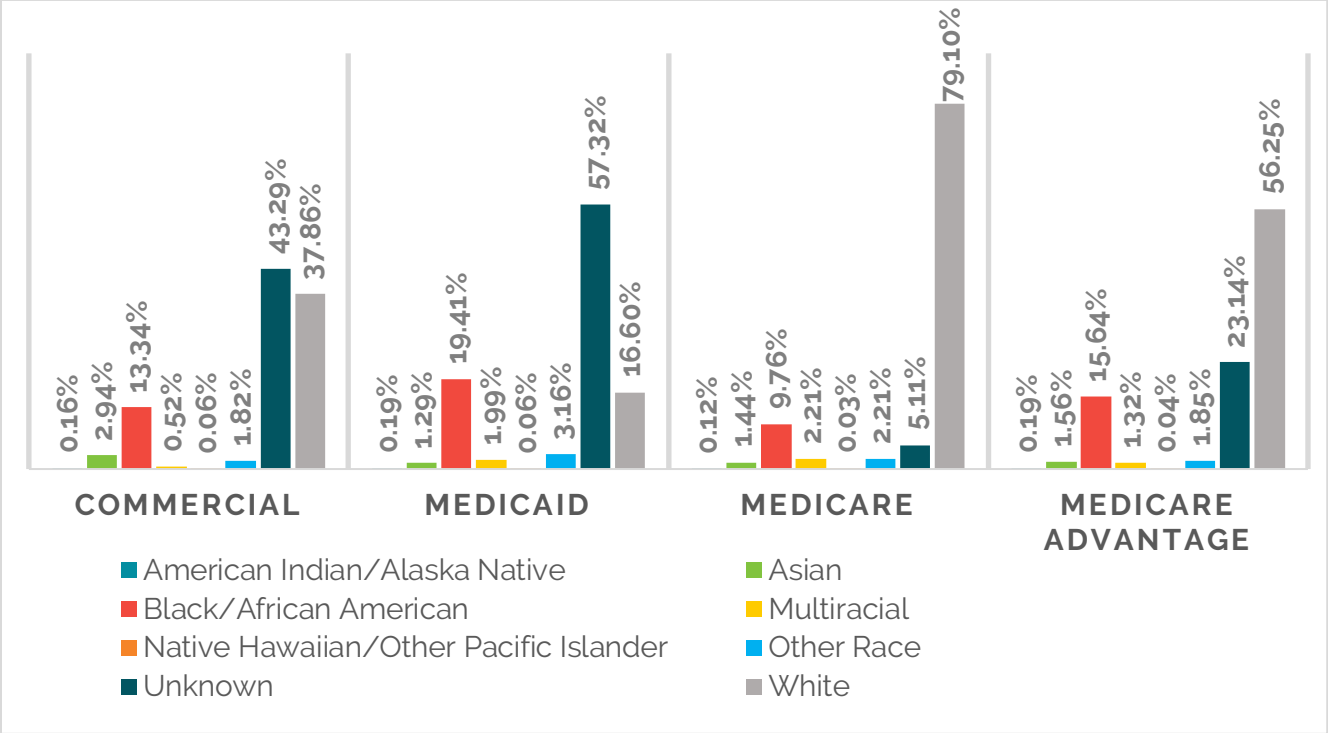
Line of Business	Member Count	Member %
Commercial	67,695	37.64%
Medicaid	57,840	32.16%
Medicare	32,058	17.83%
Medicare Advantage	22,253	12.37%
Total	**179,846**	**100%**

Race



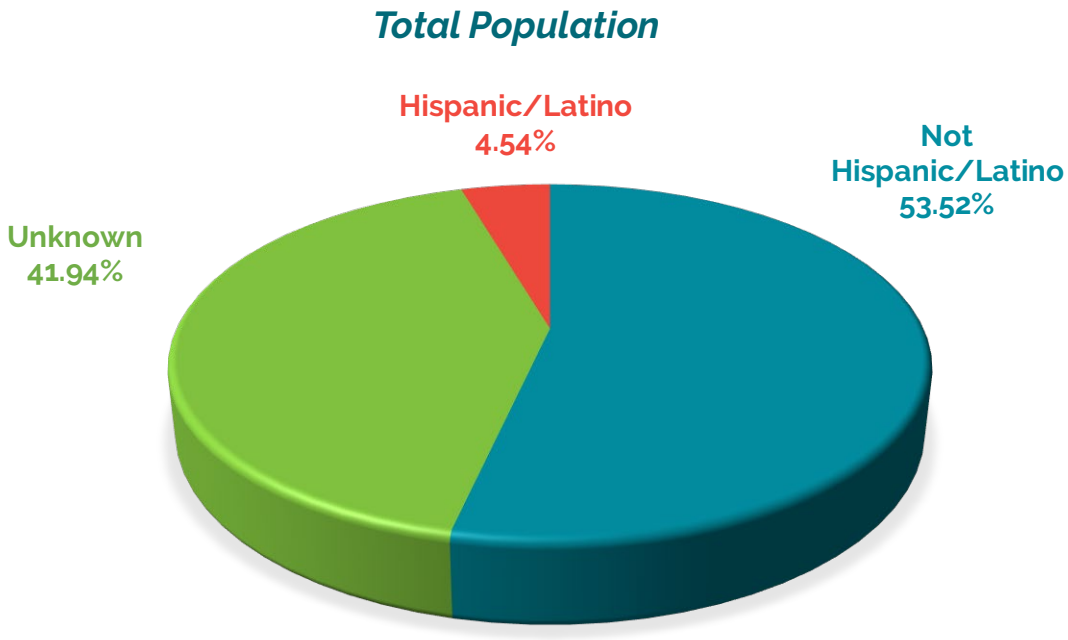
Race	Member Count	Member %
White	73,107	40.65%
Unknown	69,247	38.50%
Black/African American	26,864	14.94%
Other Race	4,179	2.32%
Asian	3,549	1.97%
Multiracial	2,507	1.39%
American Indian/Alaska Native	300	0.17%
Native Hawaiian/Other Pacific Islander	93	0.05%
Total	**179,846**	**100%**

By Line of Business



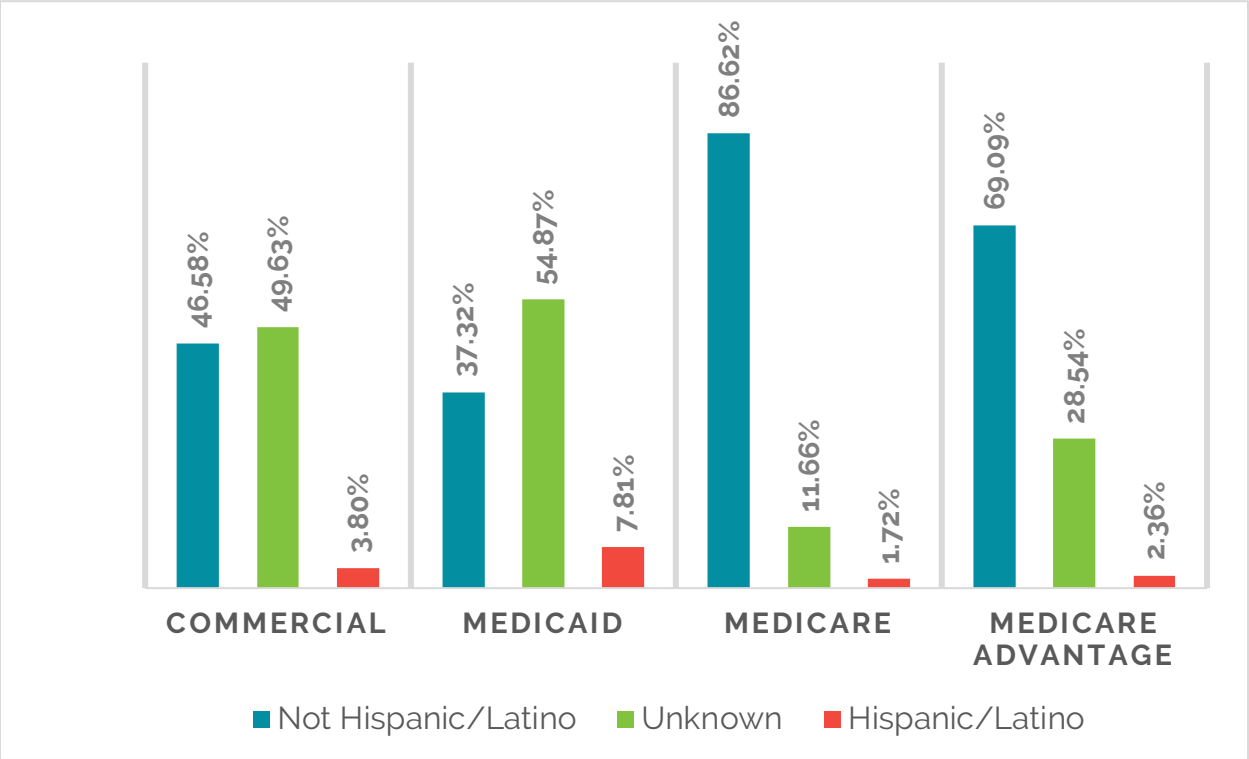
Race	Commercial	Medicaid	Medicare	Medicare Advantage
American Indian/Alaska Native	0.16%	0.19%	0.12%	0.19%
Asian	2.94%	1.29%	1.44%	1.56%
Black/African American	13.34%	19.41%	9.76%	15.64%
Multiracial	0.52%	1.99%	2.21%	1.32%
Native Hawaiian/Other Pacific Islander	0.06%	0.06%	0.03%	0.04%
Other Race	1.82%	3.16%	2.21%	1.85%
Unknown	43.29%	57.32%	5.11%	23.14%
White	37.86%	16.60%	79.10%	56.25%
Total	**100%**	**100%**	**100%**	**100%**

Ethnicity



Ethnicity	Member Count	Member %
Not Hispanic/Latino	96,256	53.52%
Unknown	75,422	41.94%
Hispanic/Latino	8,168	4.54%
Total	**179,846**	**100%**

By Line of Business



Ethnicity	Commercial	Medicaid	Medicare	Medicare Advantage
Not Hispanic/Latino	46.58%	37.32%	86.62%	69.09%
Unknown	49.63%	54.87%	11.66%	28.54%
Hispanic/Latino	3.80%	7.81%	1.72%	2.36%
Total	**100%**	**100%**	**100%**	**100%**

Primary Language

Population by Primary Language

Primary Language	Member Count	Member %
English	72,993	40.59%
Unknown/Unavailable	61,651	34.28%
Other	43,513	24.19%
Spanish	1,037	0.58%

Arabic	137	0.08%
Mandarin Chinese	124	0.07%
Korean	56	0.03%
American Sign Language	50	0.03%
Slovenian	40	0.02%
Vietnamese	39	0.02%
Russian	23	0.01%
Bengali	22	0.01%
Turkish	19	0.01%
Gujarati	18	0.01%
French	15	0.01%
Haitian Creole	15	0.01%
Hindi	13	0.01%
Cantonese	13	0.01%
Urdu	12	0.01%
Portuguese	9	0.01%
Italian	7	0.00%
Polish	7	0.00%
Panjabi	6	0.00%
Greek	3	0.00%
French Creole	3	0.00%
Swahili	2	0.00%
Tagalog	2	0.00%
Tigrinya	2	0.00%
Thai	2	0.00%
Nepali	2	0.00%
Albanian	2	0.00%
Persian	1	0.00%
Serbian	1	0.00%
Japanese	1	0.00%
Amharic	1	0.00%
Hopi	1	0.00%
Brazilian Portuguese	1	0.00%
Danish	1	0.00%
Mandarin	1	0.00%
Armenian	1	0.00%
Total	**179,846**	**100%**

Primary Language by Line of Business

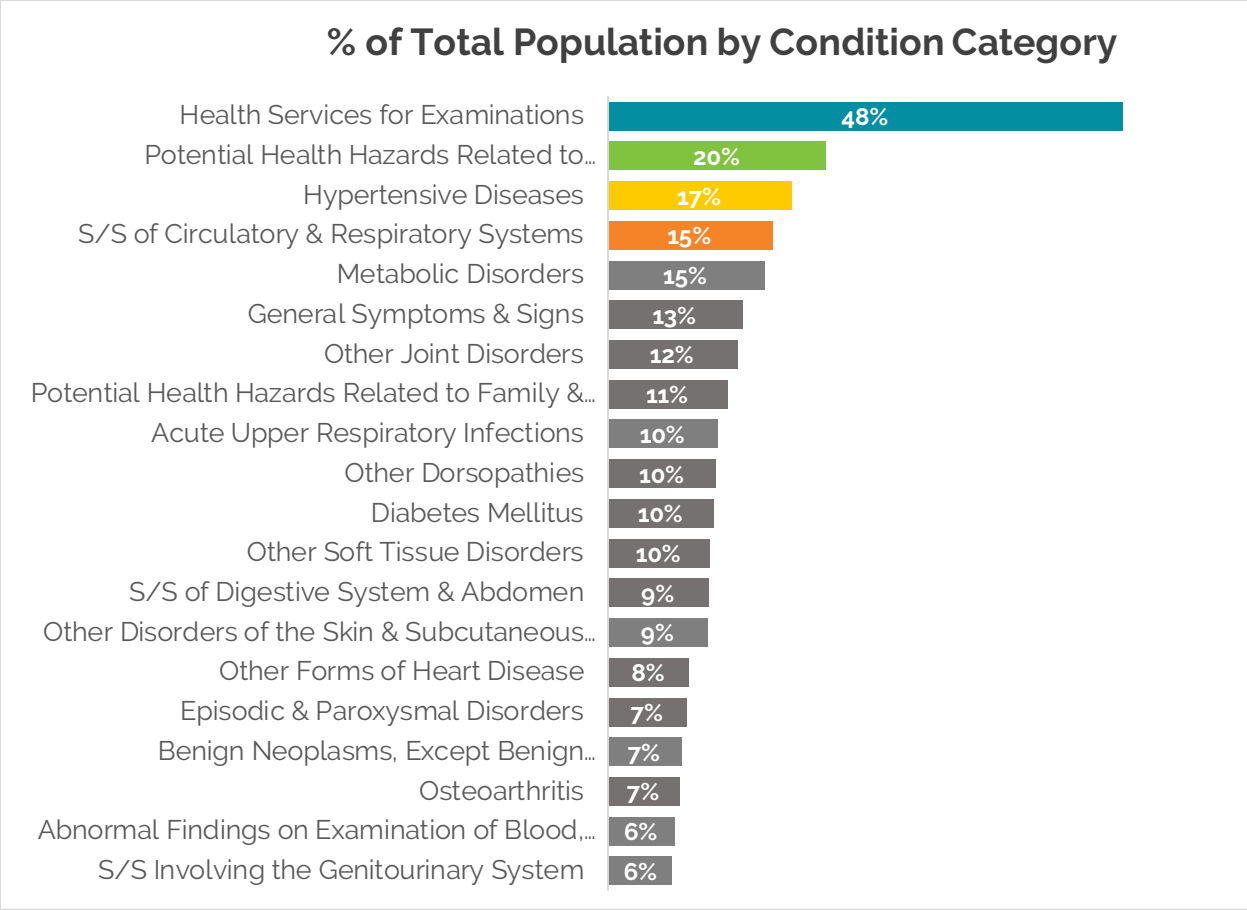
Primary Language	Commercial	Medicaid	Medicare	Medicare Advantage
English	29.48%	31.97%	73.63%	49.18%
Unknown/Unavailable	38.85%	47.53%	7.31%	24.79%
Other	31.44%	18.64%	18.25%	25.15%
Spanish	0.14%	1.26%	0.37%	0.43%
Arabic	0.01%	0.22%	0.01%	0.01%
Mandarin Chinese	0.00%	0.11%	0.14%	0.06%
Korean	0.00%	0.01%	0.06%	0.13%
American Sign Language	0.00%	0.02%	0.08%	0.04%
Slovenian	0.04%	0.01%	0.00%	0.02%
Vietnamese	0.00%	0.04%	0.02%	0.03%
Russian	0.01%	0.02%	0.01%	0.01%
Bengali	0.00%	0.03%	0.01%	0.01%
Turkish	0.00%	0.02%	0.00%	0.01%
Gujarati	0.00%	0.00%	0.02%	0.05%
French	0.00%	0.02%	0.01%	0.00%
Haitian Creole	0.00%	0.02%	0.01%	0.00%
Hindi	0.00%	0.01%	0.01%	0.00%
Cantonese	0.00%	0.01%	0.02%	0.01%
Urdu	0.00%	0.02%	0.00%	0.01%
Portuguese	0.00%	0.01%	0.00%	0.01%
Italian	0.00%	0.00%	0.01%	0.02%
Polish	0.00%	0.01%	0.01%	0.00%
Panjabi	0.00%	0.00%	0.01%	0.01%
Greek	0.00%	0.00%	0.01%	0.00%
French Creole	0.00%	0.00%	0.00%	0.00%
Swahili	0.00%	0.00%	0.00%	0.00%
Tagalog	0.00%	0.00%	0.00%	0.00%
Tigrinya	0.00%	0.00%	0.00%	0.00%
Thai	0.00%	0.00%	0.00%	0.00%
Nepali	0.00%	0.00%	0.00%	0.00%
Albanian	0.00%	0.00%	0.00%	0.00%
Persian	0.00%	0.00%	0.00%	0.00%
Serbian	0.00%	0.00%	0.00%	0.00%
Japanese	0.00%	0.00%	0.00%	0.00%
Amharic	0.00%	0.00%	0.00%	0.00%
Hopi	0.00%	0.00%	0.00%	0.00%
Brazilian Portuguese	0.00%	0.00%	0.00%	0.00%
Danish	0.00%	0.00%	0.00%	0.00%
Mandarin	0.00%	0.00%	0.00%	0.00%
Armenian	0.00%	0.00%	0.00%	0.00%
Total	**100%**	**100%**	**100%**	**100%**

Top 20 Physical Health Conditions

Data Source: CareVio Claims Data

Population – Top 20 Physical Health Conditions

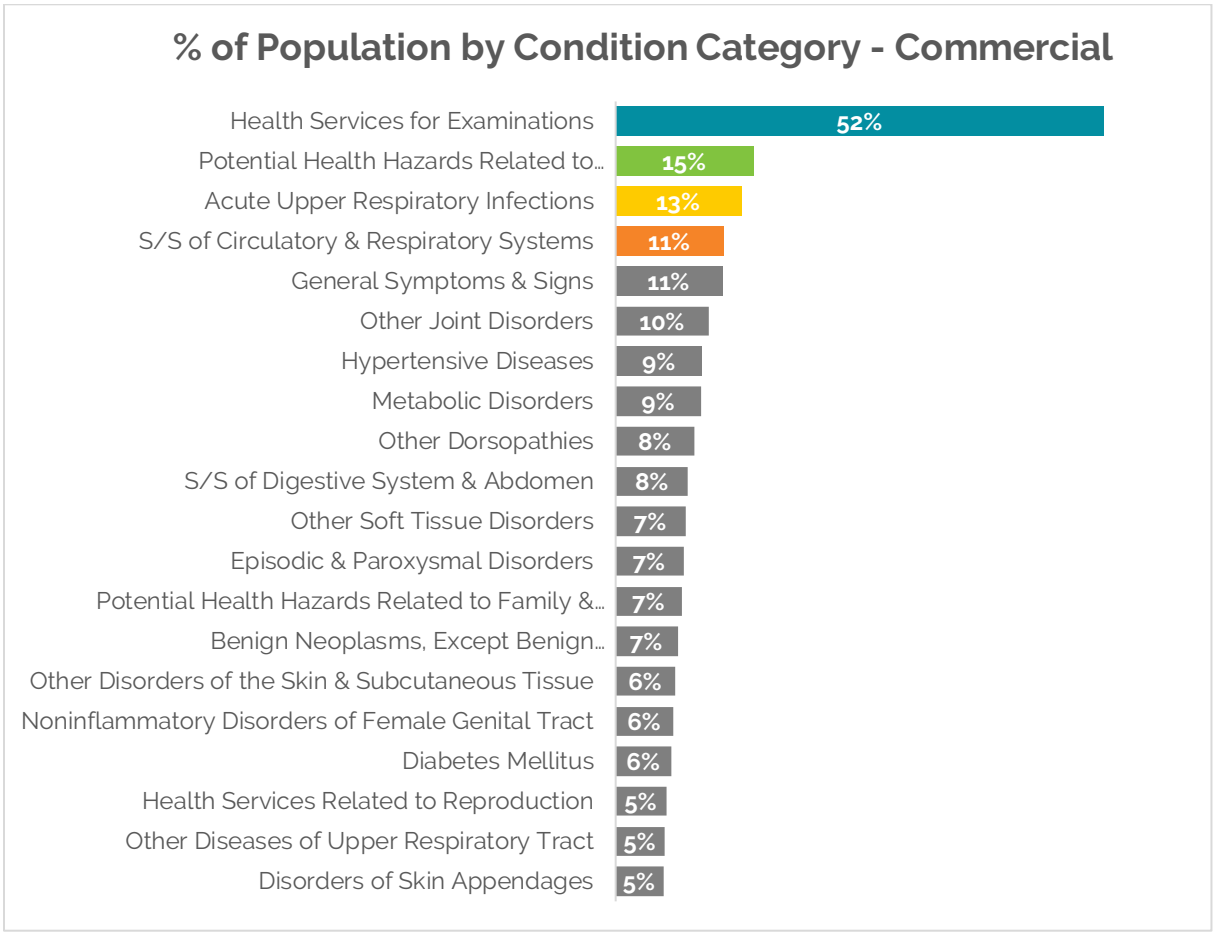
Condition	Member Count	Member % (Total Population) n=179846
Health Services for Examinations	86,754	48%
Potential Health Hazards Related to Communicable Diseases	36,733	20%
Hypertensive Diseases	31,018	17%
S/S of Circulatory & Respiratory Systems	27,719	15%
Metabolic Disorders	26,321	15%
General Symptoms & Signs	22,623	13%
Other Joint Disorders	21,790	12%
Potential Health Hazards Related to Family & Personal History & Certain Conditions Influencing Health	20,195	11%-
Acute Upper Respiratory Infections	18,455	10%
Other Dorsopathies	18,198	10%
Diabetes Mellitus	17,733	10%
Other Soft Tissue Disorders	17,105	10%
S/S of Digestive System & Abdomen	16,910	9%
Other Disorders of the Skin & Subcutaneous Tissue	16,826	9%
Other Forms of Heart Disease	13,654	8%
Episodic & Paroxysmal Disorders	13,325	7%
Benign Neoplasms, Except Benign Neuroendocrine Tumors	12,410	7%
Osteoarthritis	12,117	7%
Abnormal Findings on Examination of Blood, W/Out Diagnosis	11,143	6%
S/S Involving the Genitourinary System	10,776	6%



Condition Category – Top 3 ICD-10 Codes

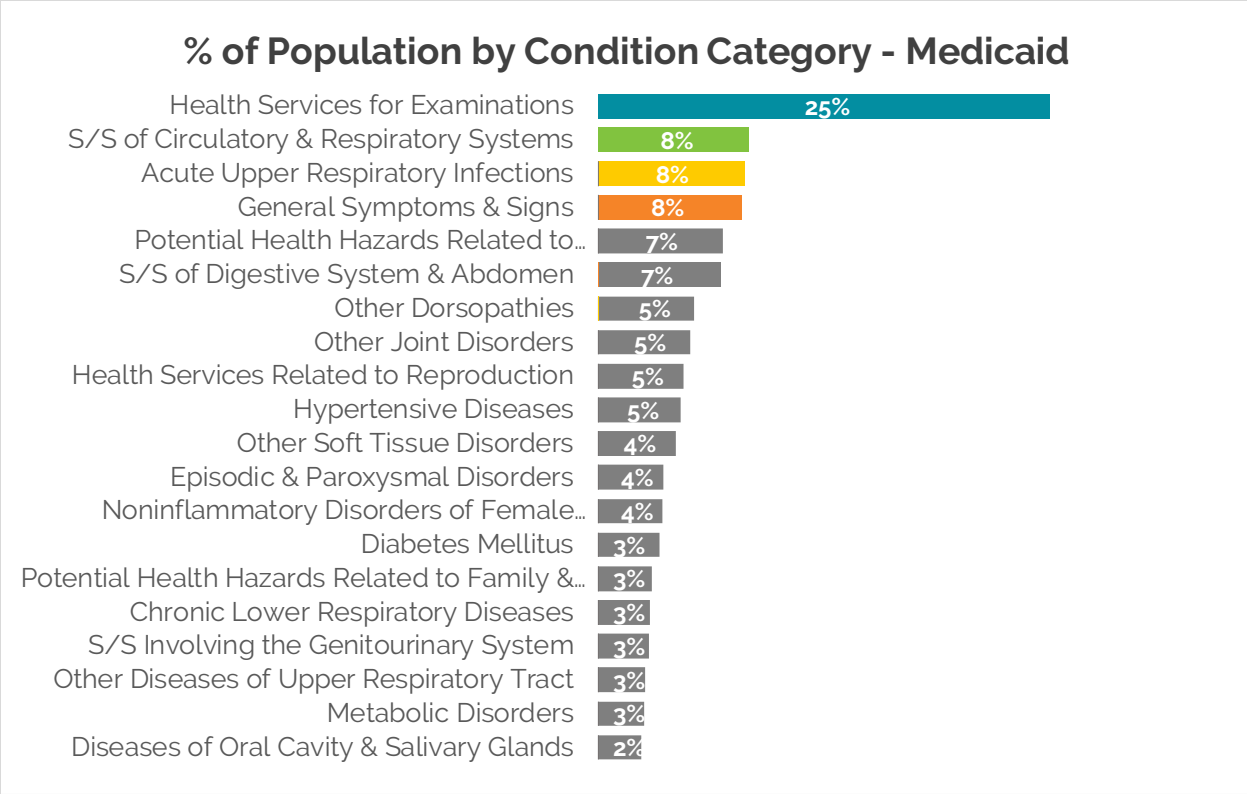
Potential Health Hazards Related to Communicable Diseases	Encounter for Immunization	Contact with and (suspected) Exposure to Communicable Diseases	Encounter for Other Prophylactic Measures
Hypertensive Diseases	Essential (Primary) Hypertension	Hypertensive Heart Disease	Hypertensive Chronic Kidney Disease
S/S of Circulatory & Respiratory Systems	Abnormalities of Breathing	Pain in Throat & Chest	Cough
Metabolic Disorders	Disorders of Lipoprotein Metabolism & Other Lipidemias	Other Disorders of Fluid, Electrolyte & Acid-Base Balance	Disorders of Mineral Metabolism
General Symptoms & Signs	Malaise & Fatigue	Other General Symptoms & Signs	Headache
Other Joint Disorders	Other Joint Disorder, Not Elsewhere Classified	Acquired Deformities of Fingers & Toes	Other Acquired Deformities of Limbs

Top Condition Categories by Line of Business

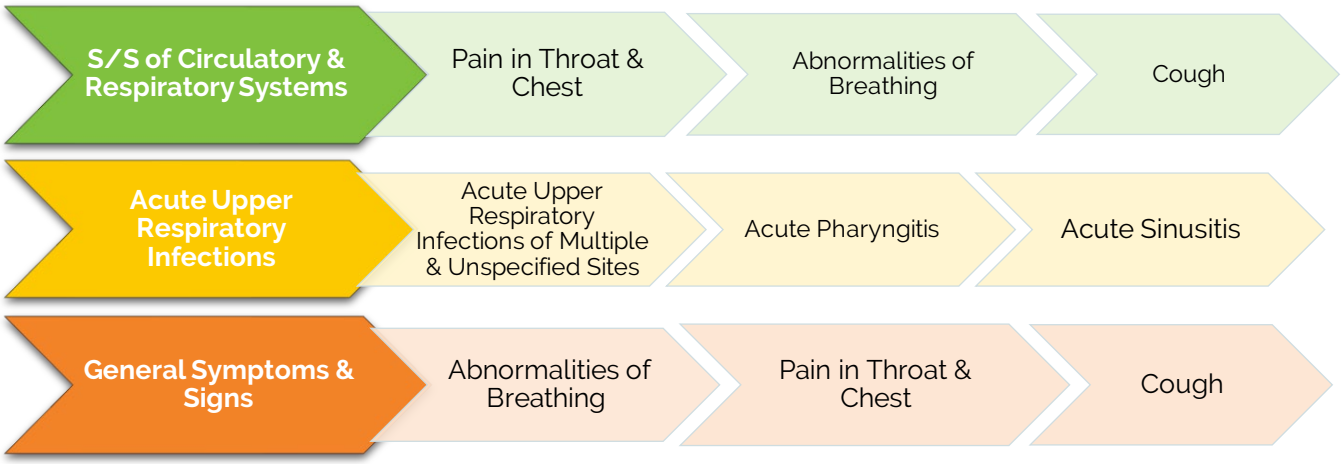


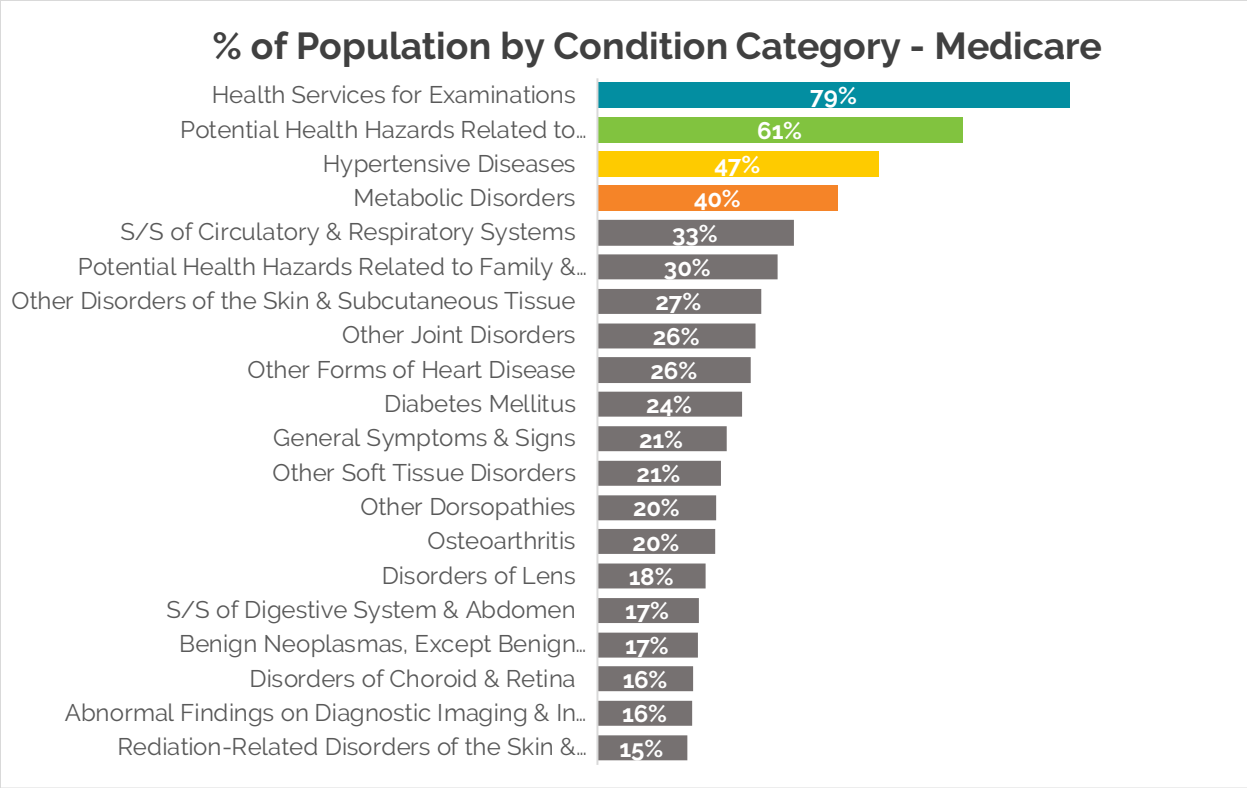
Condition Category – Top 3 ICD-10 Codes

Potential Health Hazards Related to Communicable Diseases	Encounter for Immunization	Contact with and (suspected) Exposure to Communicable Diseases	Encounter for Other Prophylactic Measures
Acute Upper Respiratory Infections	Acute Pharyngitis	Acute Upper Respiratory Infections of Multiple & Unspecified Sites	Acute Sinusitis
S/S of Circulatory & Respiratory Systems	Abnormalities of Breathing	Pain in Throat & Chest	Cough

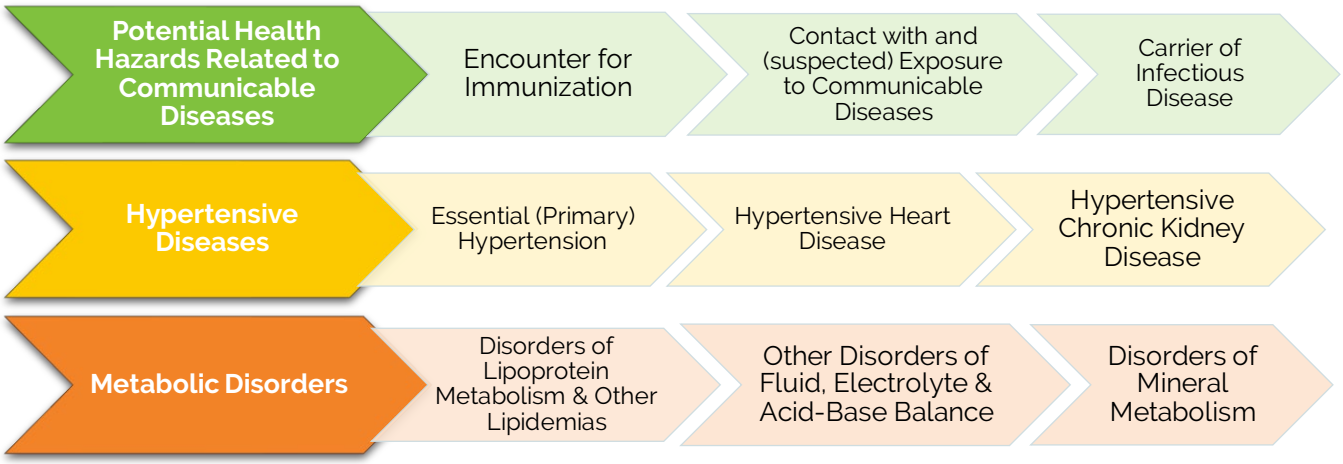


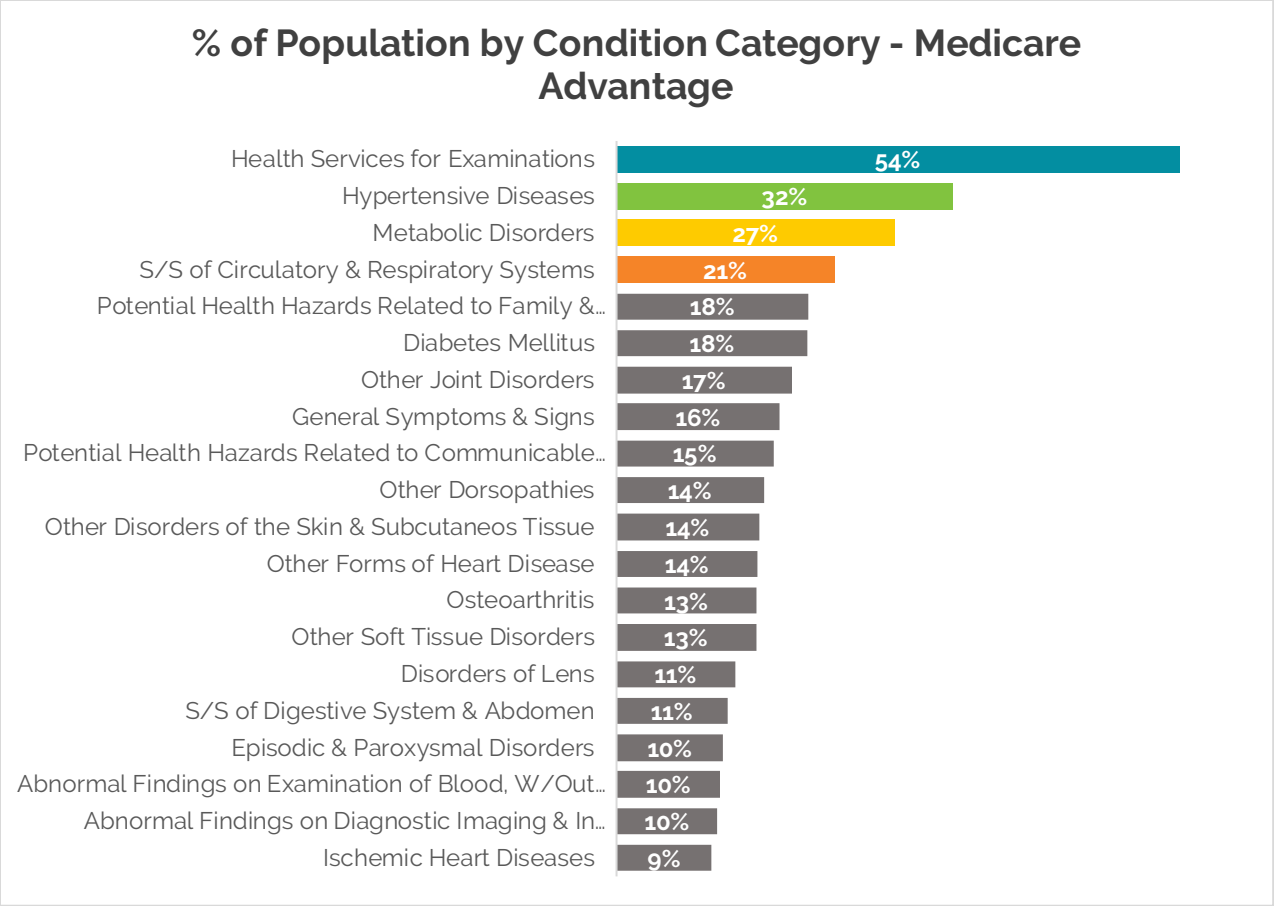
Condition Category – Top 3 ICD-10 Codes



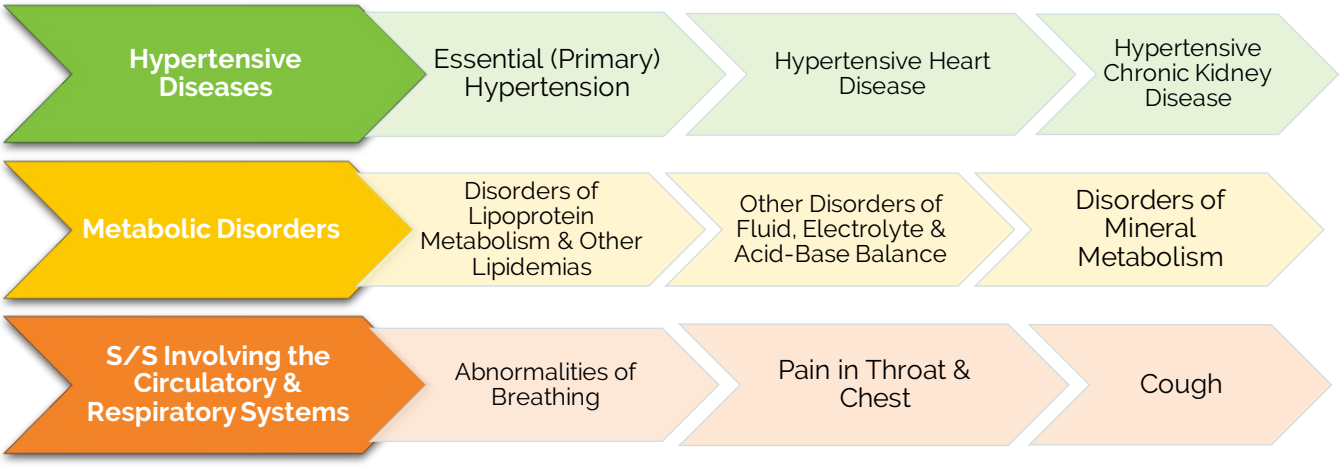


Condition Category – Top 3 ICD-10 Codes



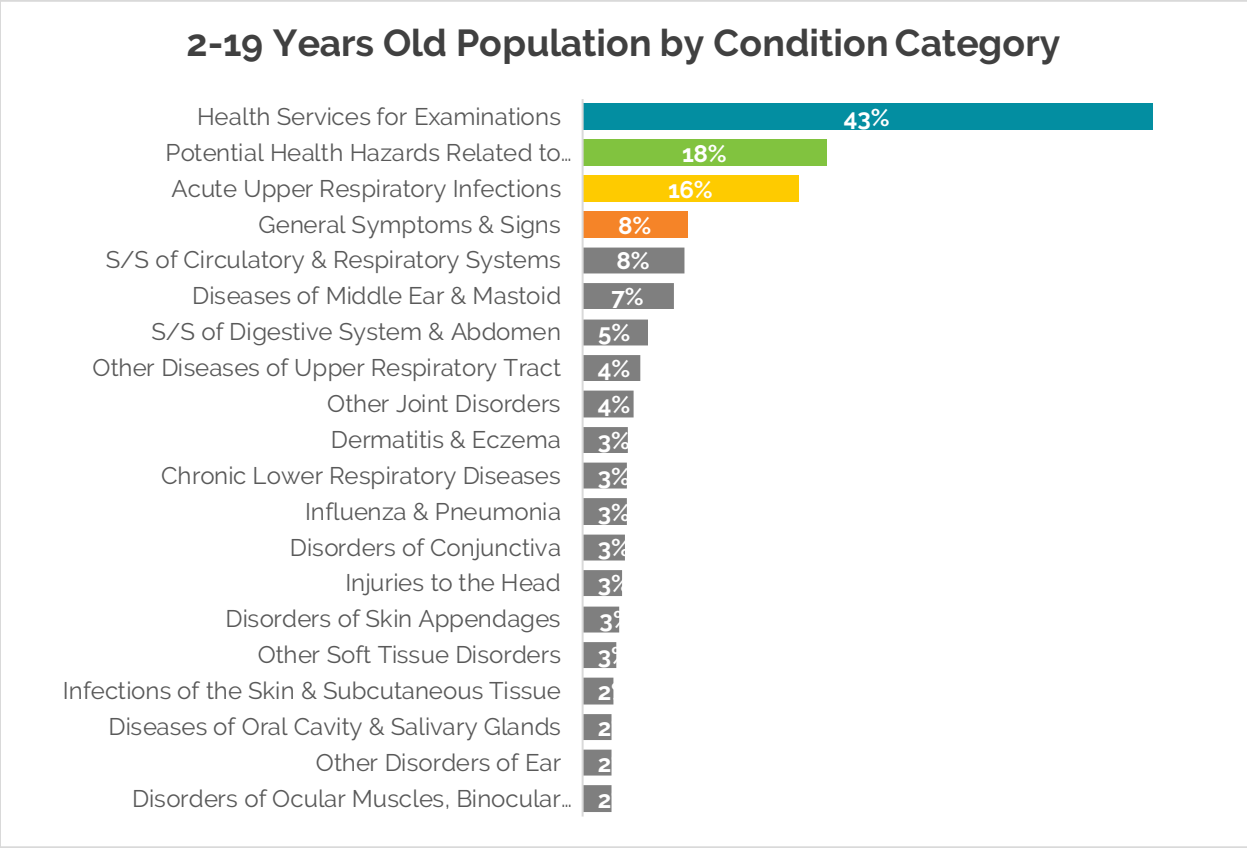


Condition Category – Top 3 ICD-10 Codes

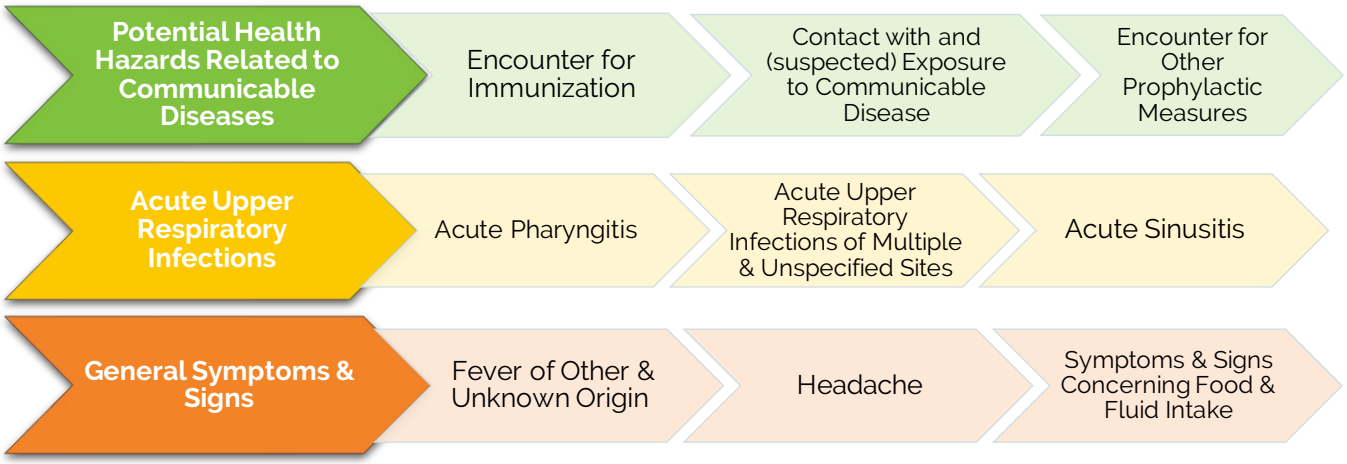


Children and Adolescents (ages 2-19)

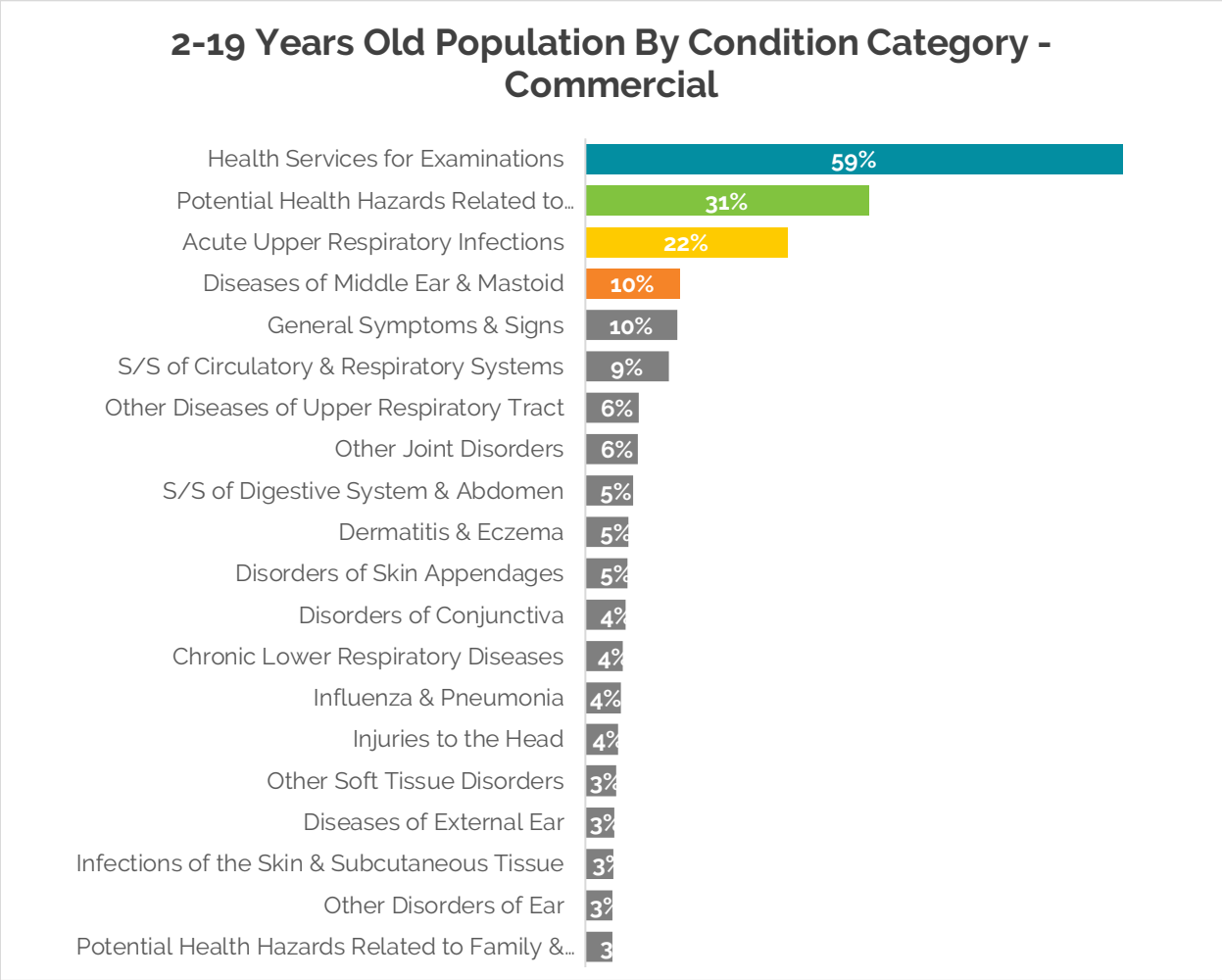
Children and Adolescent Population – Top 20 Physical Health Conditions



Condition Category – Top 3 ICD-10 Codes

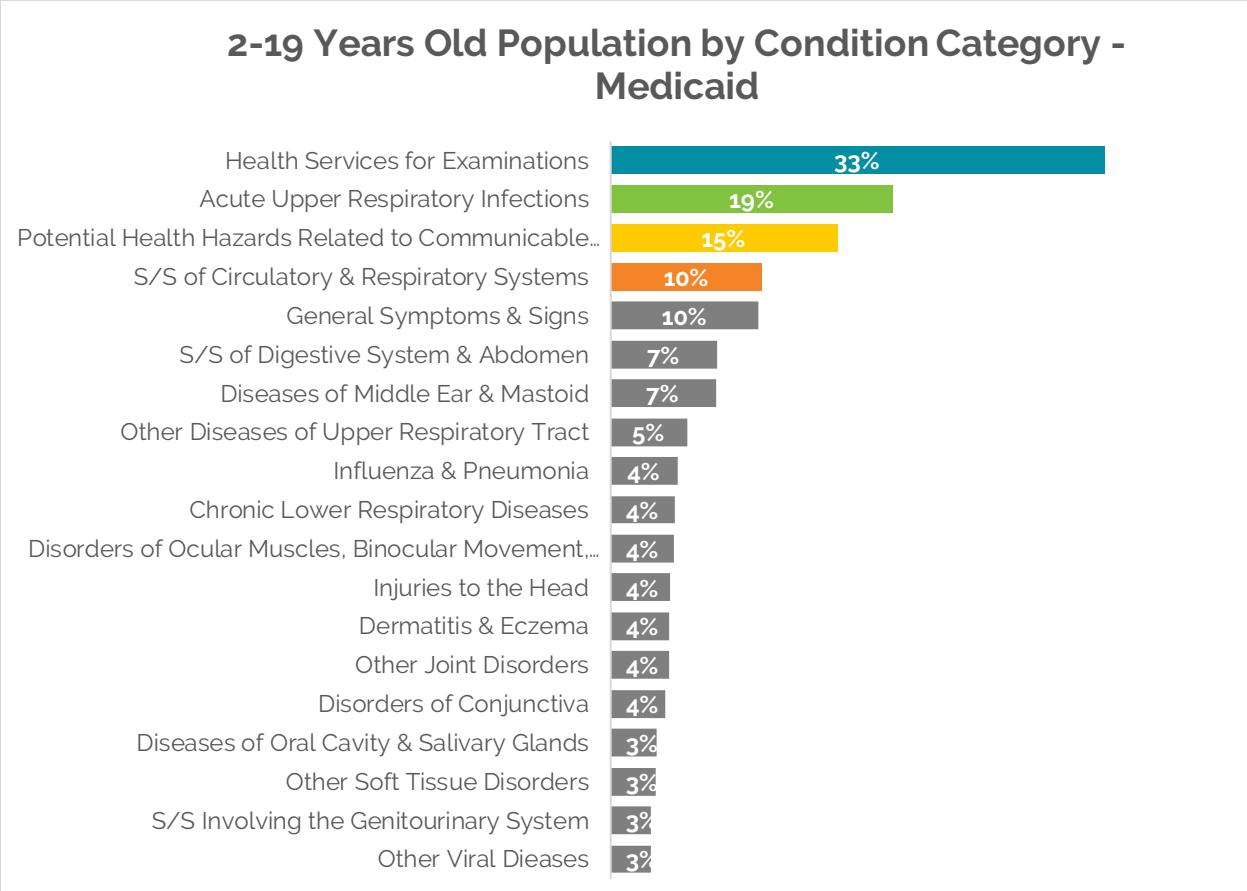


Children and Adolescents Clinical Category by Line of Business



Condition Category – Top 3 ICD-10 Codes

Potential Health Hazards Related to Communicable Diseases	Encounter for Immunization	Contact with and (suspected) Exposure to Communicable Disease	Encounter for Other Prophylactic Measures
Acute Upper Respiratory Infections	Acute Pharyngitis	Acute Upper Respiratory Infections of Multiple & Unspecified Sites	Acute Sinusitis
Diseases Of Middle Ear & Mastoid	Suppurative & Unspecified Otitis Media	Nonsuppurative Otitis Media	Other & Unspecified Disorders of Eustachian Tube

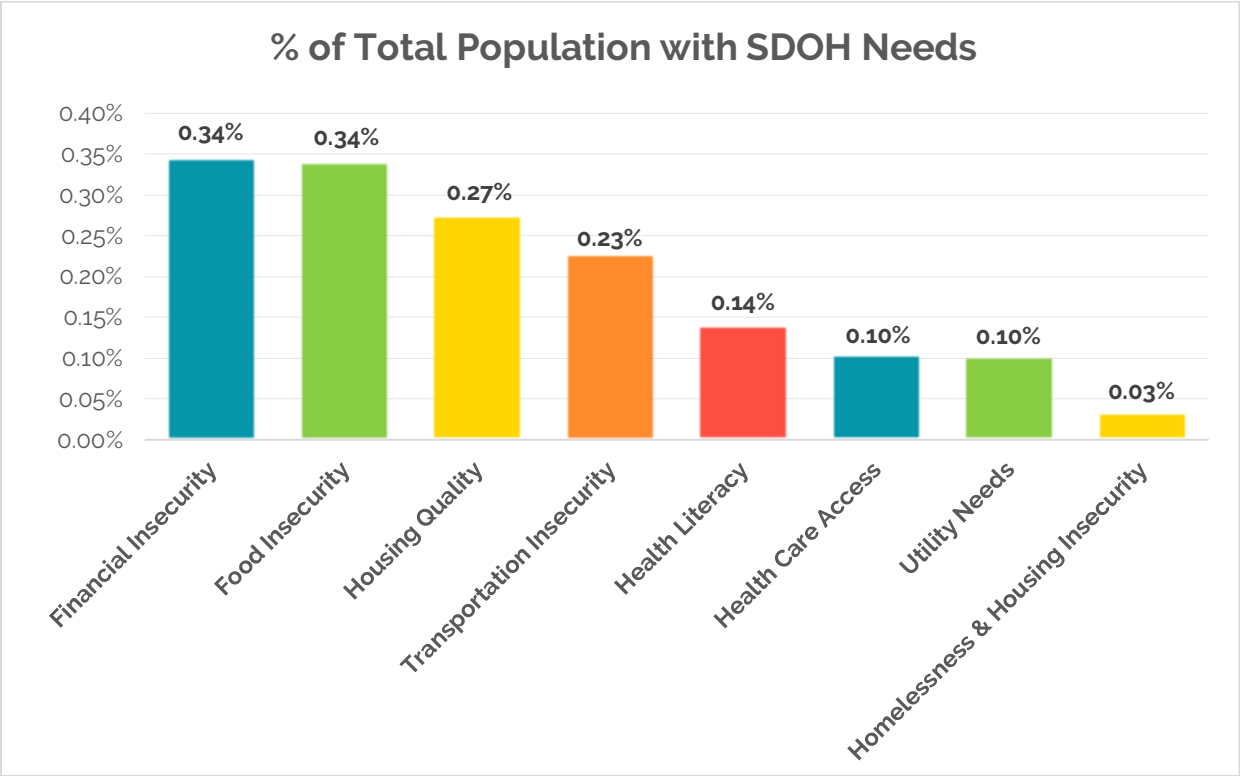


Condition Category – Top 3 ICD-10 Codes

Acute Upper Respiratory Infections	Acute Pharyngitis	Acute Upper Respiratory Infections of Multiple & Unspecified Sites	Acute Sinusitis
Potential Health Hazards Related to Communicable Diseases	Encounter for Immunization	Contact with and (suspected) Exposure to Communicable Diseases	Immunization Not Carried Out & Underimmunization Status
S/S of Circulatory & Respiratory Systems	Cough	Abnormalities of Breathing	Pain in Throat & Chest

Social Determinants of Health

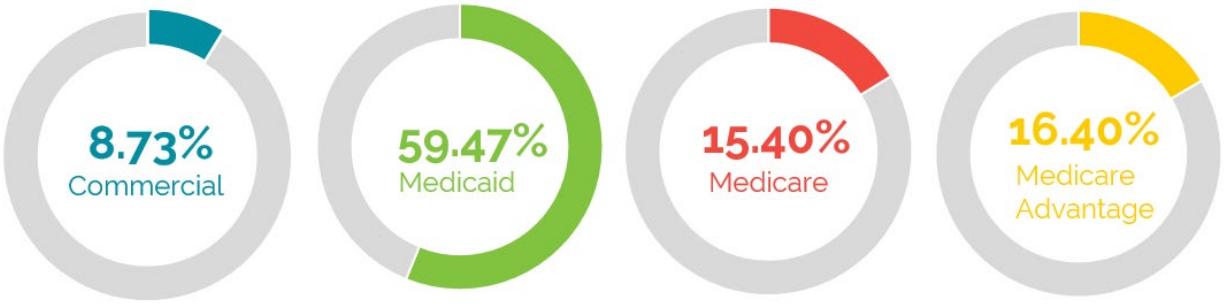
Total Population



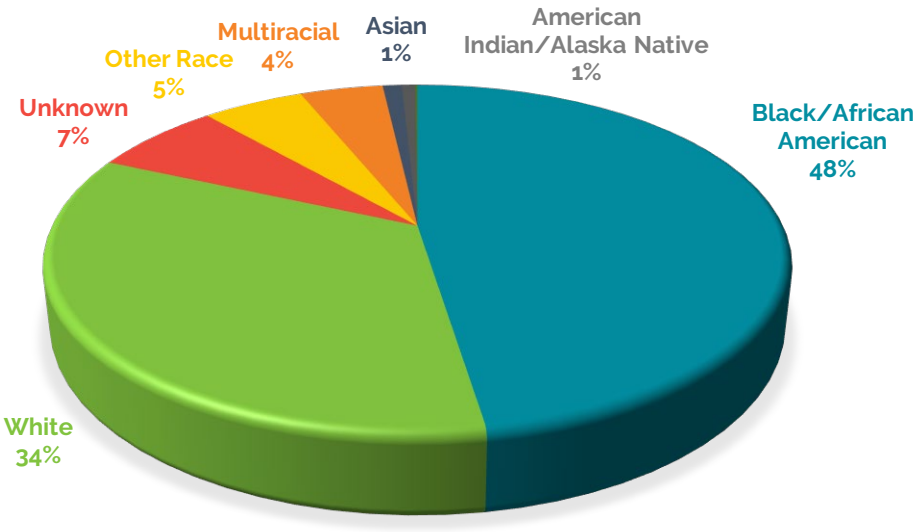
SDOH Category	Commercial	Medicaid	Medicare	Medicare Advantage	Grand Total (% of Total Population)
Financial Insecurity	75	357	82	105	619 (.34%)
Food Insecurity	41	385	70	113	609 (.34%)
Housing Quality	41	334	53	65	493 (.27%)
Transportation Insecurity	30	236	82	58	406 (.23%)
Health Literacy	20	89	85	56	250 (.14%)
Health Care Access	17	107	30	32	186 (.10%)
Utility Needs	14	124	22	23	183 (.10%)
Homelessness & Housing Insecurity	7	36	8	8	59 (.03%)
Total SDOH Count (% of Total Payer Population)	**245 (.36%)**	**1668 (2.88%)**	**432 (1.35%)**	**460 (2.07%)**	**2805 (1.56%)**
Total SDOH % (by identified total SDOH)	**8.73%**	**59.47%**	**15.40%**	**16.40%**	

**Members can be counted twice within percentages*

By Line of Business for Total SDOH Identified



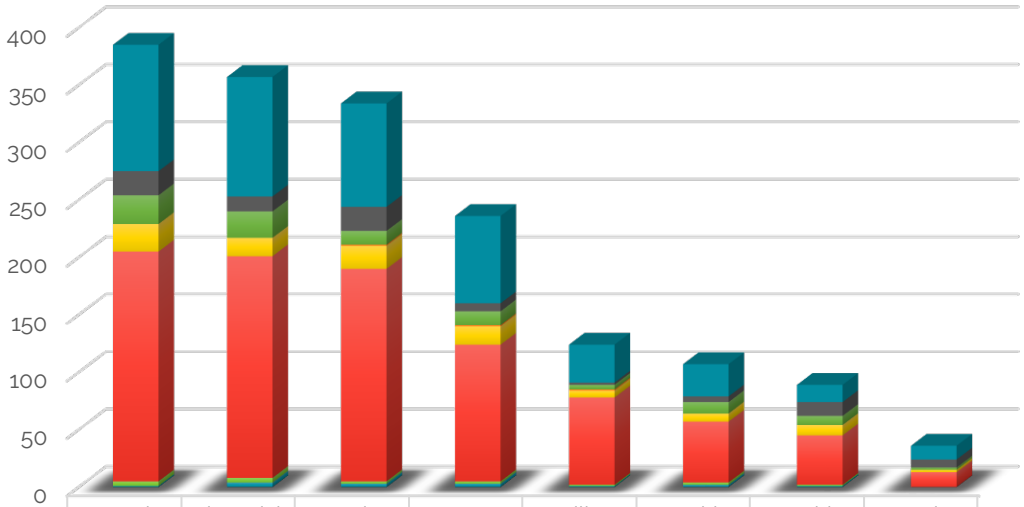
Race by SDOH Identified



Language Literacy Among Members with SDOH Needs

Language	Member Count	Member %
English	2503	89.2%
Other	184	6.6%
Unknown/Unavailable	63	2.2%
Spanish	40	1.4%
Haitian Creole	6	0.2%
Arabic	2	0.1%
Korean	2	0.1%
Mandarin Chinese	2	0.1%
Hindi	1	0.0%
Russia	1	0.0%
Vietnamese	1	0.0%
Total	**2805**	**100%**

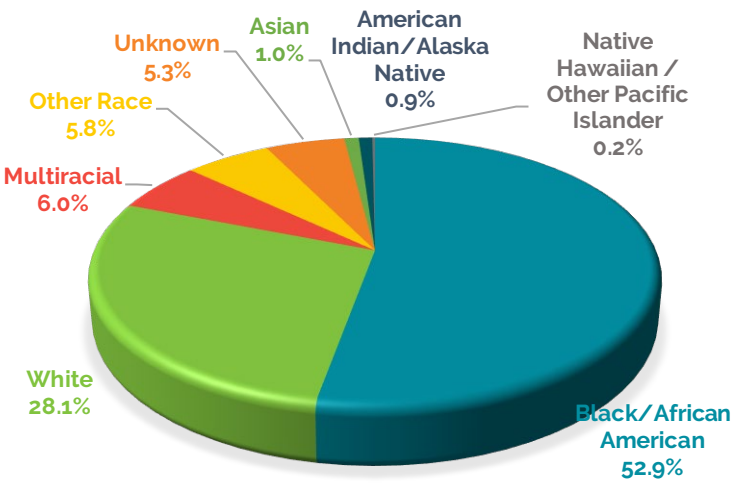
Medicaid SDOH by Category & Race



	Food Insecurity	Financial Insecurity	Housing Quality	Transp. Insecurity	Utility Needs	Health Care Access	Health Literacy	Housing Insecurity
White	110	104	90	76	33	28	15	12
Unknown	21	13	21	7	2	5	12	7
Other Race	25	23	12	12	4	10	8	2
Native Hawaiian/Other Pacific Islander	0	0	1	1	1	0	0	0
Multiracial	24	16	20	16	6	7	9	2
Black/African American	200	193	185	119	76	53	43	13
Asian	4	4	2	2	1	2	1	0
American Indian/Alaska Native	1	4	3	3	1	2	1	0

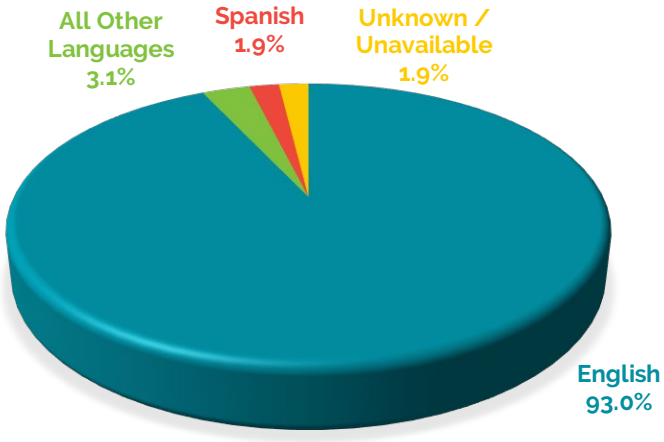
Medicaid SDOH Member Demographics

Race	Member Count	Member %
Black/African American	882	52.9%
White	468	28.1%
Multiracial	100	6.0%
Other Race	96	5.8%
Unknown	88	5.3%
Asian	16	1.0%
American Indian/Alaska Native	15	0.9%
Native Hawaiian / Other Pacific Islander	3	0.2%
Total	**1668**	**100%**



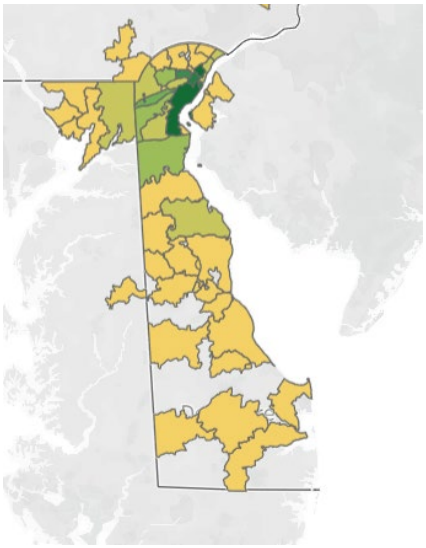
Language of Medicaid Members with SDOH Needs

Language	Member Count	Member %
English	1552	93.0%
All Other Languages	52	3.1%
Spanish	32	1.9%
Unknown / Unavailable	32	1.9%

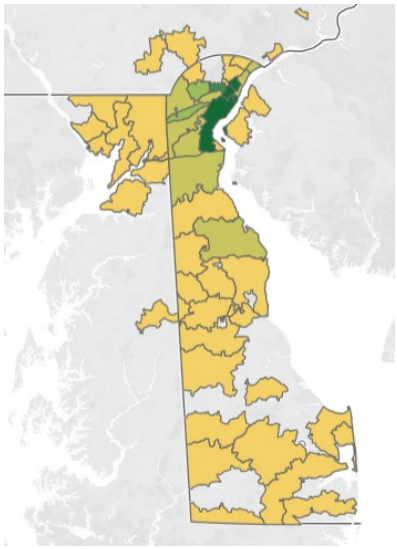


Medicaid SDOH Needs by Category and Zip Code Geocoding

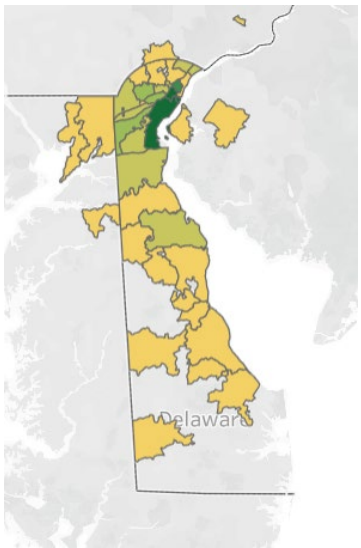
Financial Insecurity



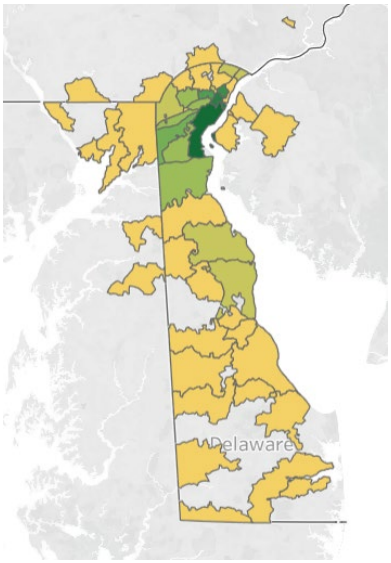
Food Insecurity



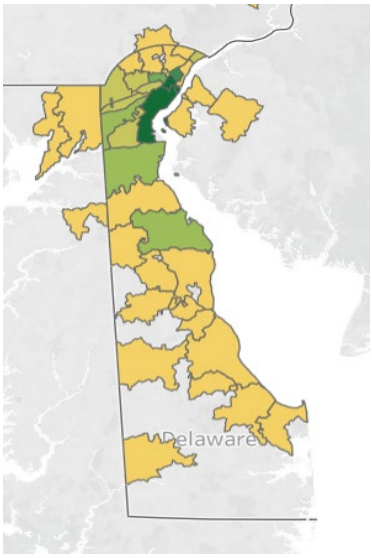
Health Care Access



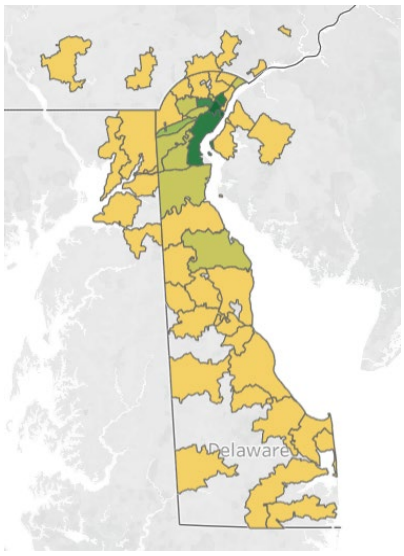
Health Literacy



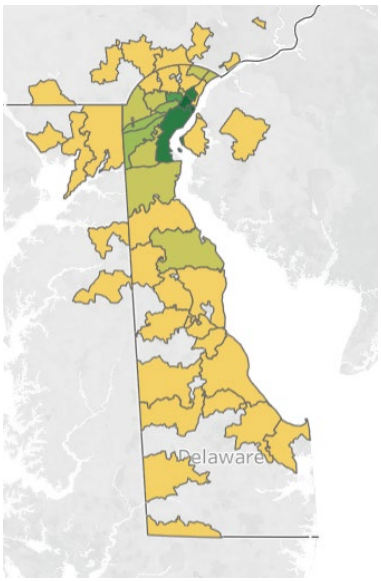
Homelessness & Housing Insecurity



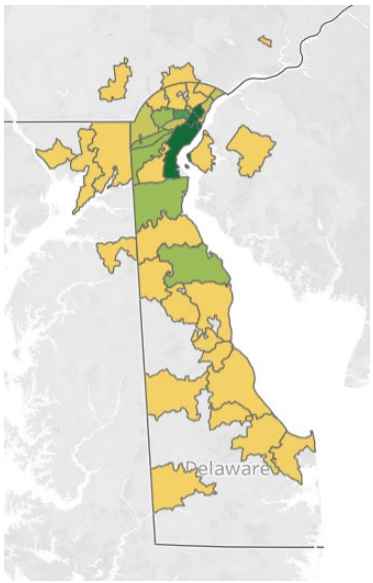
Housing Quality



Transportation Insecurity



Utility Need



Members with Disabilities

Disability	Commercial	Medicaid	Medicare	Medicare Advantage	Total # in Disability Category
Hearing Impairment	823	236	2443	1,095	**4,597**
Intellectual Disabilities	3	12	54	4	**73**
Ambulatory/Mobility Impairment	660	715	2,899	1,608	**5,882**
Pervasive and Specific Developmental Disorders	15	165	69	8	**257**
Speech Impairment	99	70	212	125	**506**
Vision Impairment	430	302	491	252	**1,475**
Total	**2,030**	**1,500**	**6,168**	**3,092**	**12,790(7.1%)**
Total % of Payer Population	**3.0%**	**2.6%**	**19.2%**	**13.9%**	

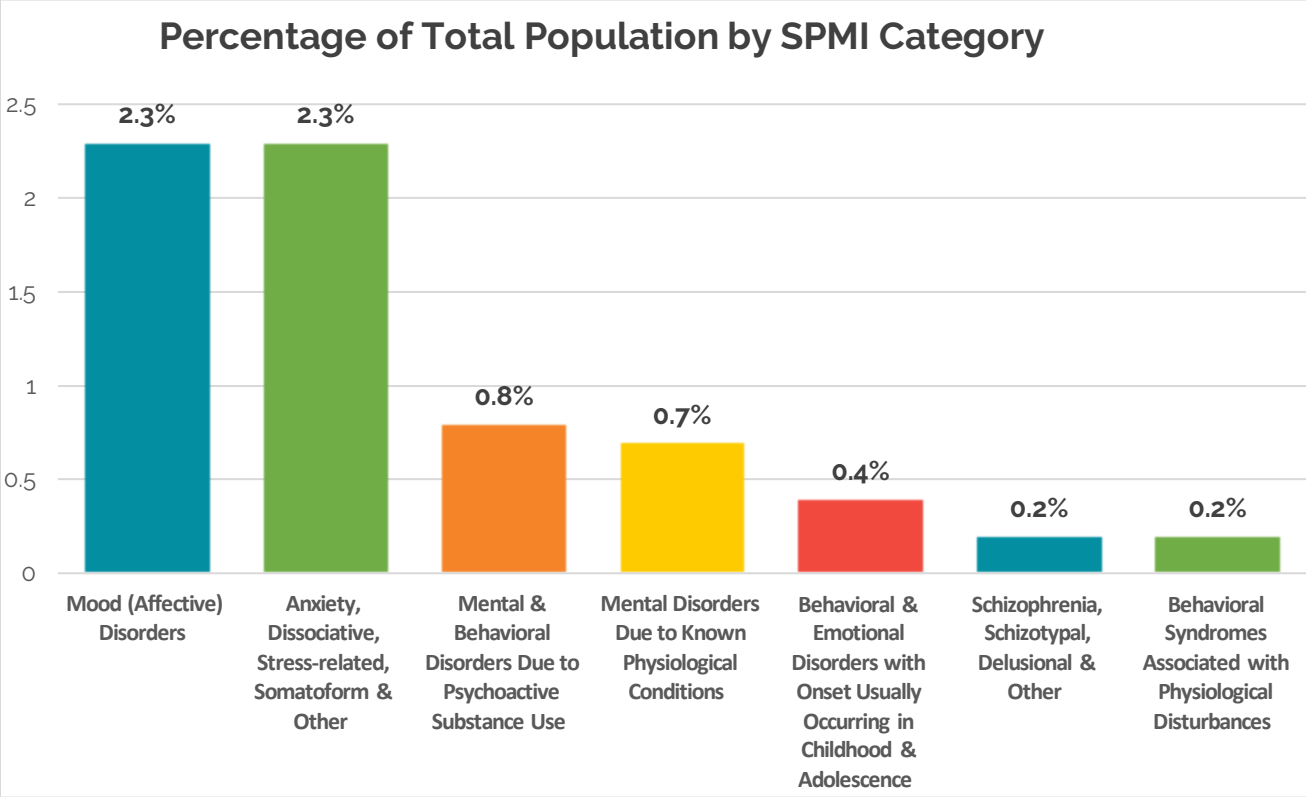
**Member may have more than one disability, and may be attributed to more than one insurance payer*

Members with Serious and Persistent Mental Illness (SPMI)

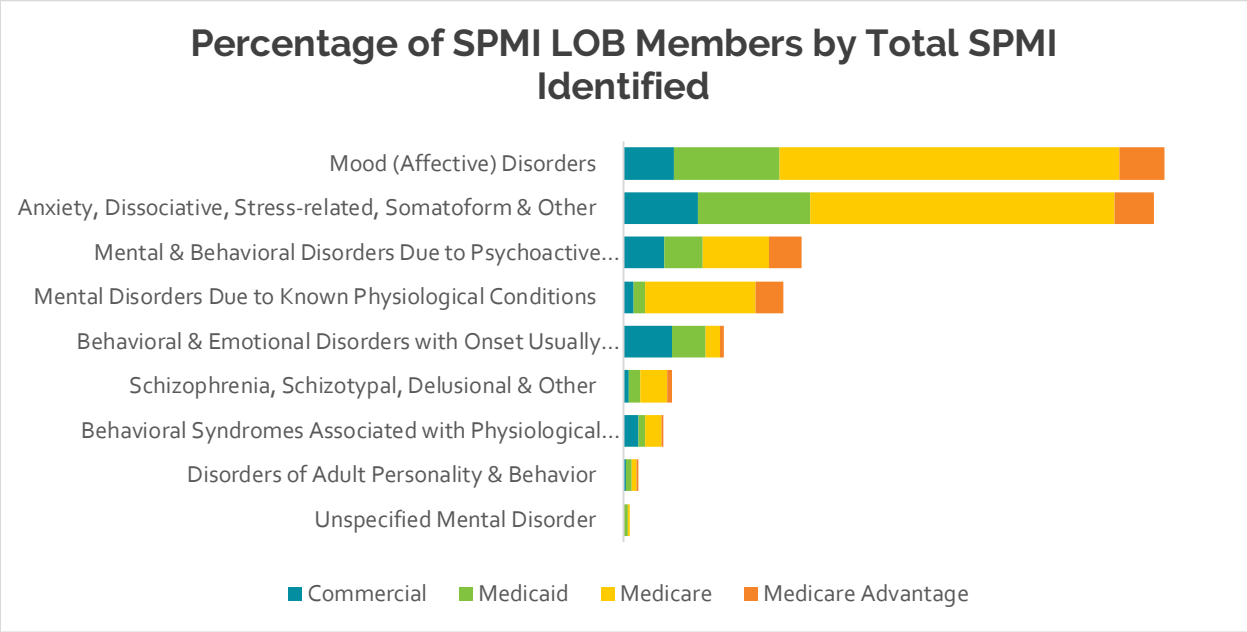
Total Population

SPMI Category	Distinct Member Count	SPMI Claims/Total SPMI Identified (%)	% of Total Population (179,846)
Mood (Affective) Disorders	4,153	33.4%	2.3%
Anxiety, Dissociative, Stress-related, Somatoform & Other	4,083	32.9%	2.3%
Mental & Behavioral Disorders Due to Psychoactive Substance Use	1,373	11.1%	0.8%
Mental Disorders Due to Known Physiological Conditions	1,218	9.8%	0.7%

Behavioral & Emotional Disorders with Onset Usually Occurring in Childhood & Adolescence	763	6.1%	0.4%
Schizophrenia, Schizotypal, Delusional & Other	370	2.9%	0.2%
Behavioral Syndromes Associated with Physiological Disturbances	302	2.4%	0.2%
Disorders of Adult Personality & Behavior	108	0.9%	0.0%
Unspecified Mental Disorder	53	0.4%	0.0%
Total	**10,179**	**100%**	**5.7%**



By Line of Business (SPMI Prevalence per LOB)

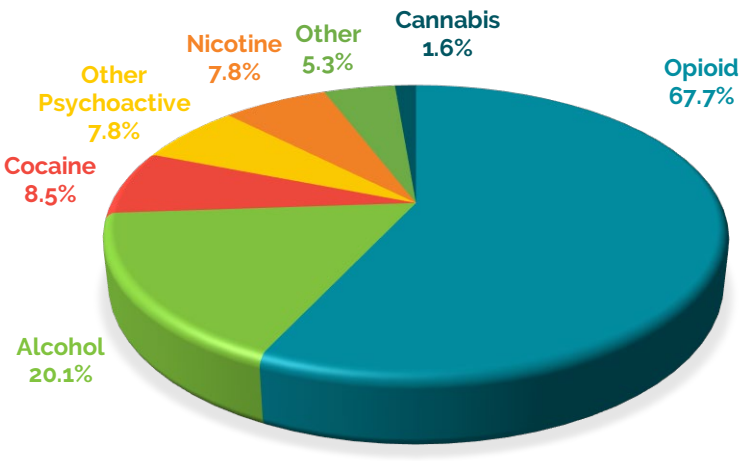


SPMI Category	Commercial	Medicaid	Medicare	Medicare Advantage
Mood (affective) Disorders	3.8%	8.0%	25.7%	3.4%
Anxiety, Dissociative, Stress-related, Somatoform & Other	5.6%	8.5%	23.0%	3.0%
Mental & Behavioral Disorders Due to Psychoactive Substance Use	3.1%	2.9%	5.0%	2.5%
Mental Disorders Due to Known Physiological Conditions	0.8%	0.8%	8.4%	2.1%
Behavioral & Emotional Disorders with Onset Usually Occurring in Childhood & Adolescence	3.7%	2.5%	1.1%	0.3%
Schizophrenia, Schizotypal, Delusional & Other	0.4%	0.9%	2.0%	0.4%
Behavioral Syndromes Associated with Physiological Disturbances	1.1%	0.5%	1.3%	0.1%
Disorders of Adult Personality & Behavior	0.2%	0.4%	0.4%	0.1%
Unspecified Mental Disorder	0.0%	0.3%	0.2%	0.0%

Mental and Behavioral Disorders Due to Psychoactive Substance Use (Substance Use Disorder)

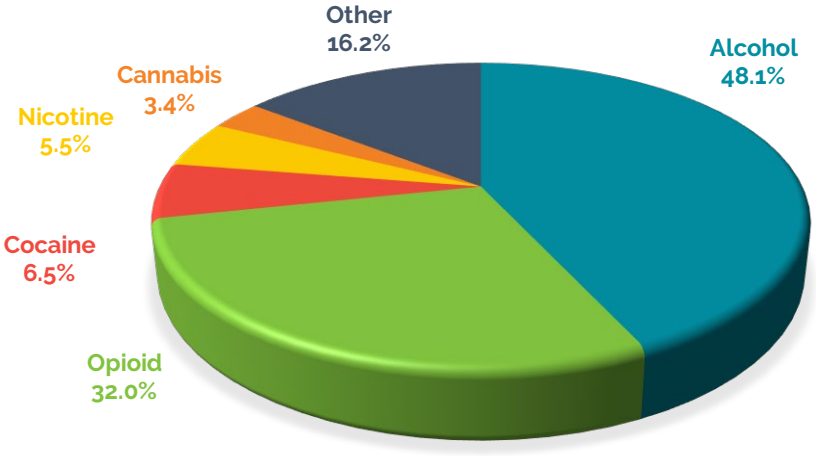
Commercial Population

Substance	Member Count	Percentage
Opioid	216	67.7%
Alcohol	64	20.1%
Cocaine	27	8.5%
Other Psychoactive	25	7.8%
Nicotine	25	7.8%
Other	17	5.3%
Cannabis	5	1.6%
Total	**319**	**100%**



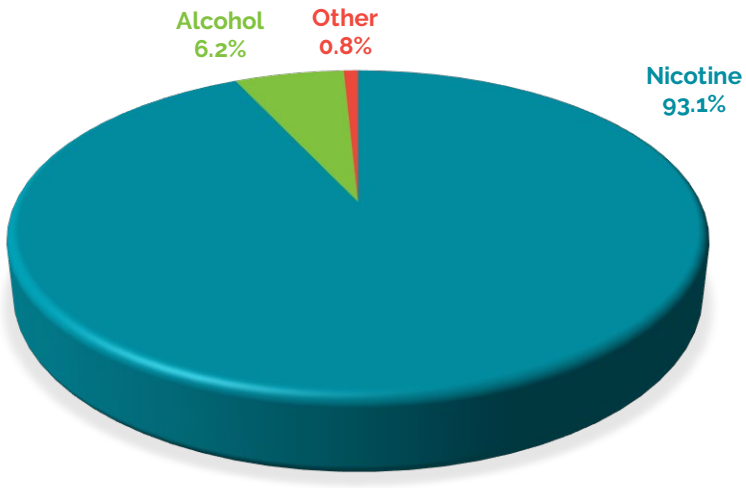
Medicaid Population

Substance	Member Count	Percentage
Alcohol	140	48.1%
Opioid	93	32.0%
Cocaine	19	6.5%
Nicotine	16	5.5%
Cannabis	10	3.4%
Other	47	16.2%
Total	**291**	**100%**



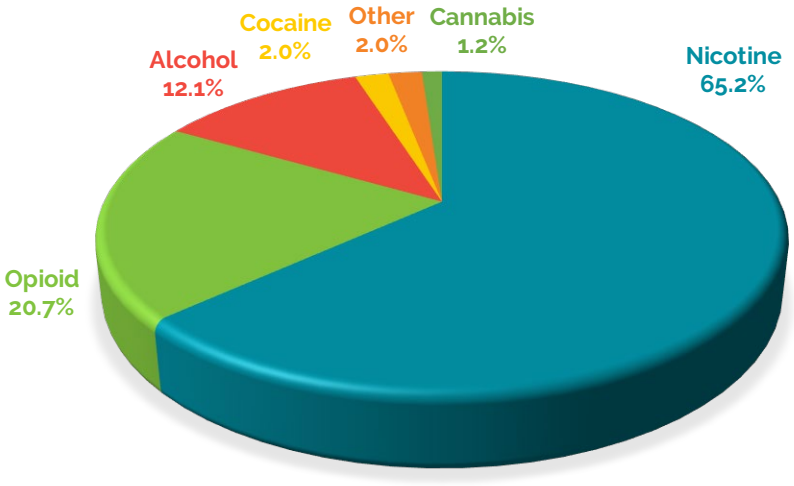
Medicare Population

Substance	Member Count	Percentage
Nicotine	471	93.5%
Alcohol	31	6.2%
Other	4	0.8%
Total	**504**	**100%**



Medicare Advantage Population

Substance	Member Count	Percentage
Nicotine	167	65.2%
Opioid	53	20.7%
Alcohol	31	12.1%
Cocaine	5	2.0%
Other	5	2.0%
Cannabis	3	1.2%
Total	**256**	**100%**



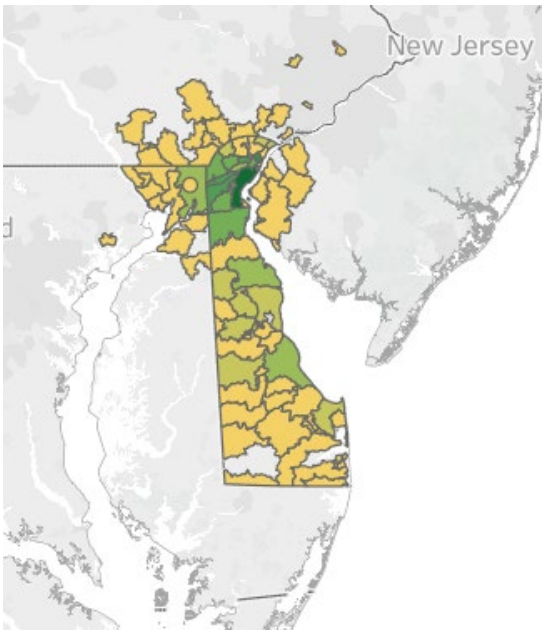
Other Subpopulations

Data Source: CareVio Program Data (enrolled in a program >60 Days)

Comprehensive Case Management (CCM)

Denominator: 991 Unique Patients

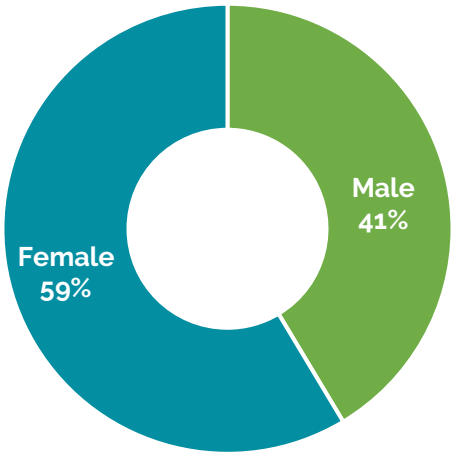
CCM Member Demographic Location:



Top 3 Zip Codes:

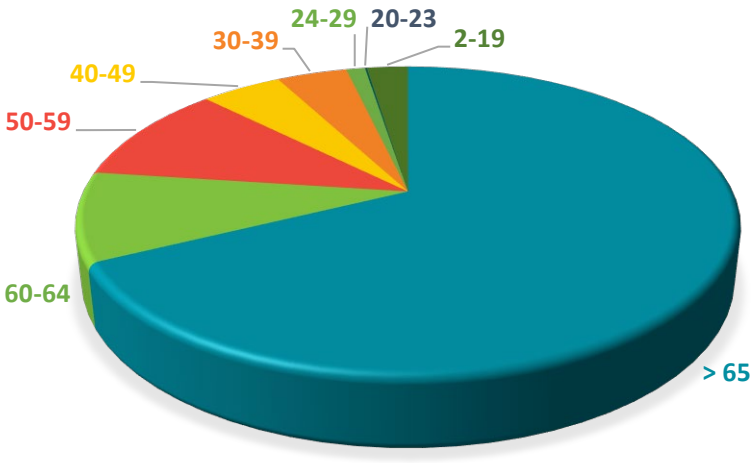
- 19720
- 19802
- 19702

CCM Participant Gender:

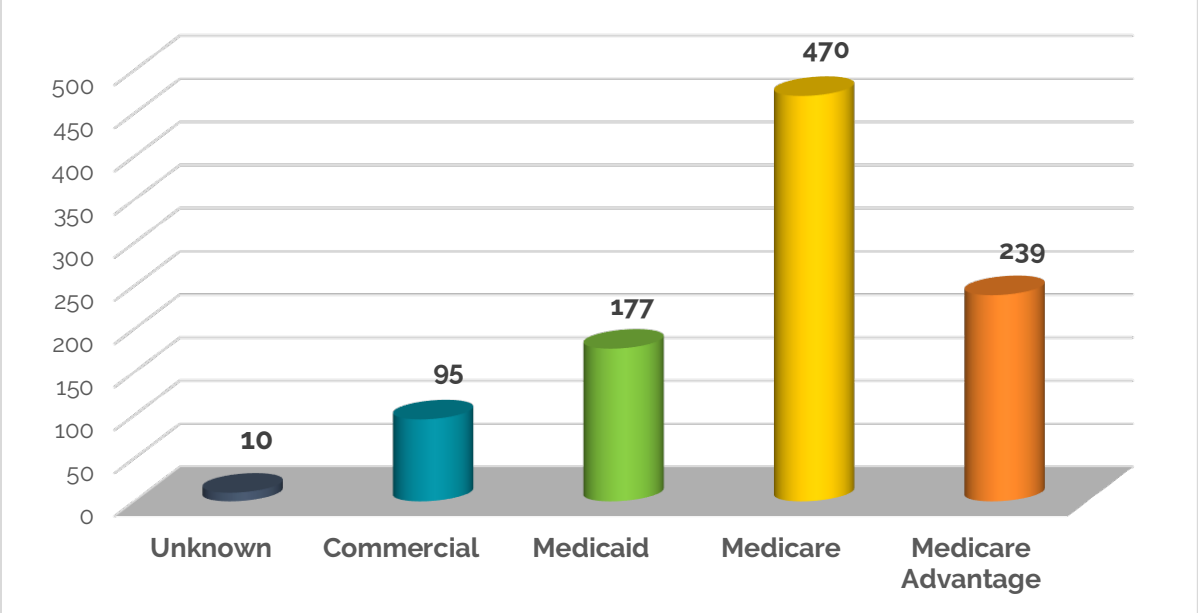


CCM Age Distribution:

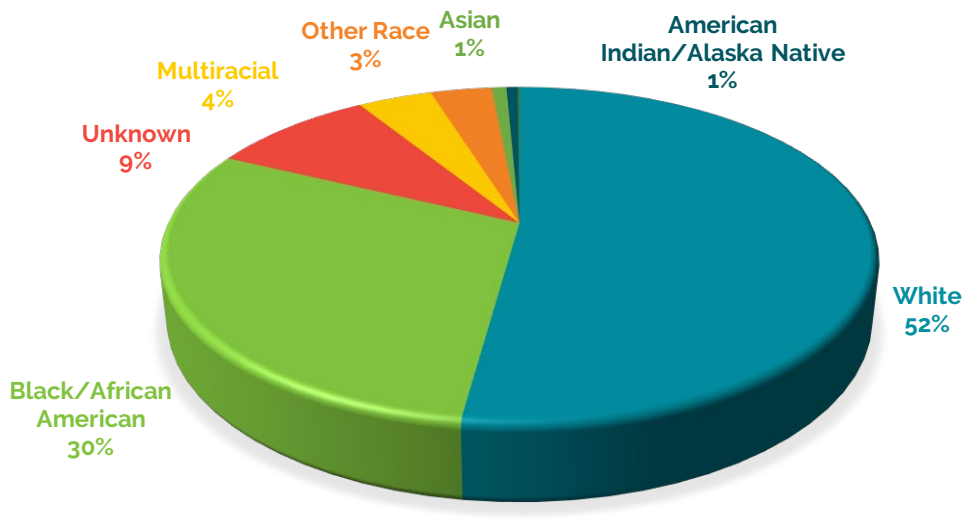
Age	Member Count	Member %
≥ 65	671	67.71%
60-64	93	9.38%
50-59	103	10.39%
40-49	47	4.74%
30-39	41	4.14%
24-29	11	1.11%
20-23	1	0.10%
2-19	24	2.42%
< 2	0	0.00%
Total	**991**	**100%**



CCM Participant Member Count Line of Business:



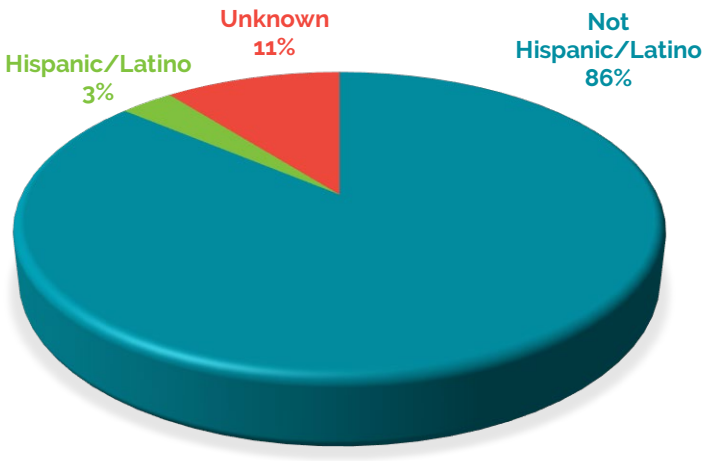
CCM Race Distribution



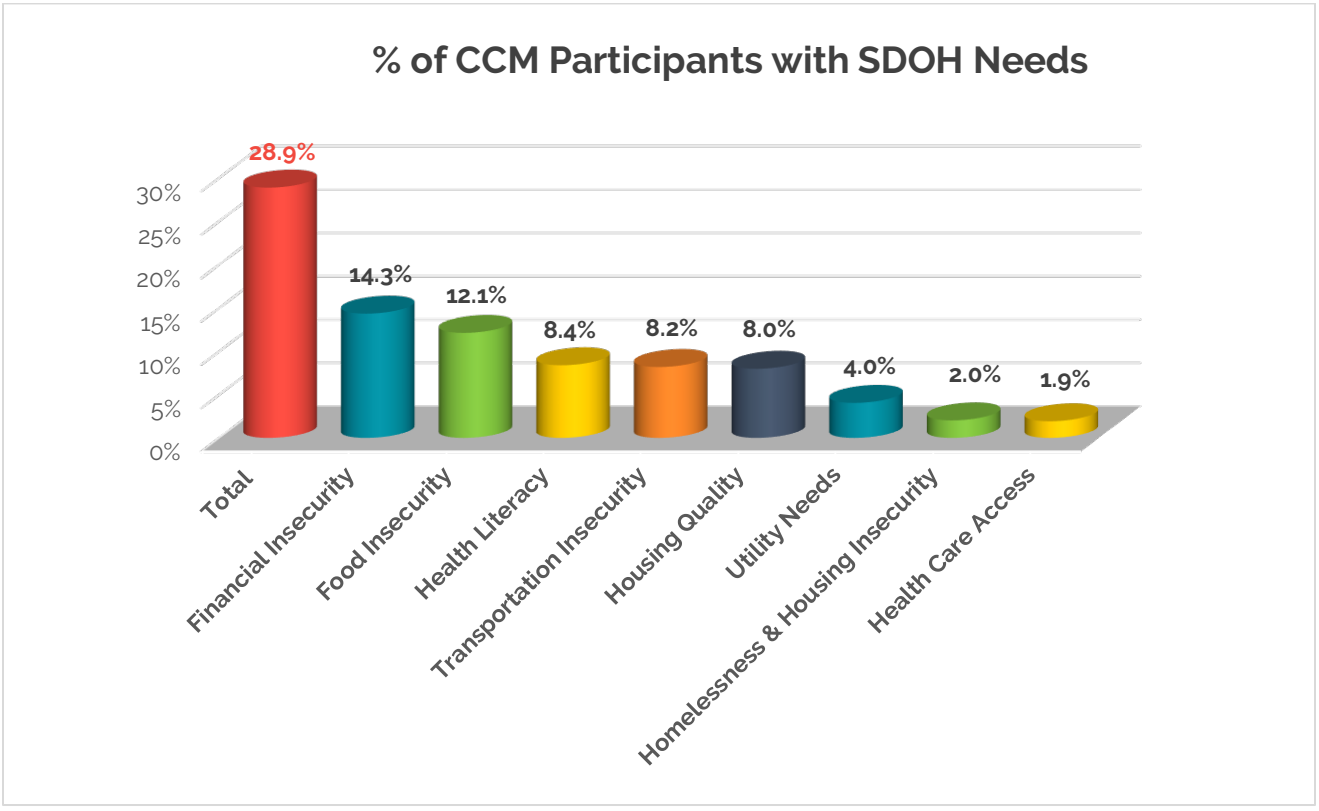
Race	Member Count	Member %
White	517	52.2%
Black/African American	297	30.0%
Unknown	89	9.0%
Multiracial	40	4.0%
Other Race	33	3.3%
Asian	8	0.8%
American Indian/Alaska Native	6	0.6%
Native Hawaiian/Other Pacific Islander	1	0.1%

CCM Ethnicity Distribution:

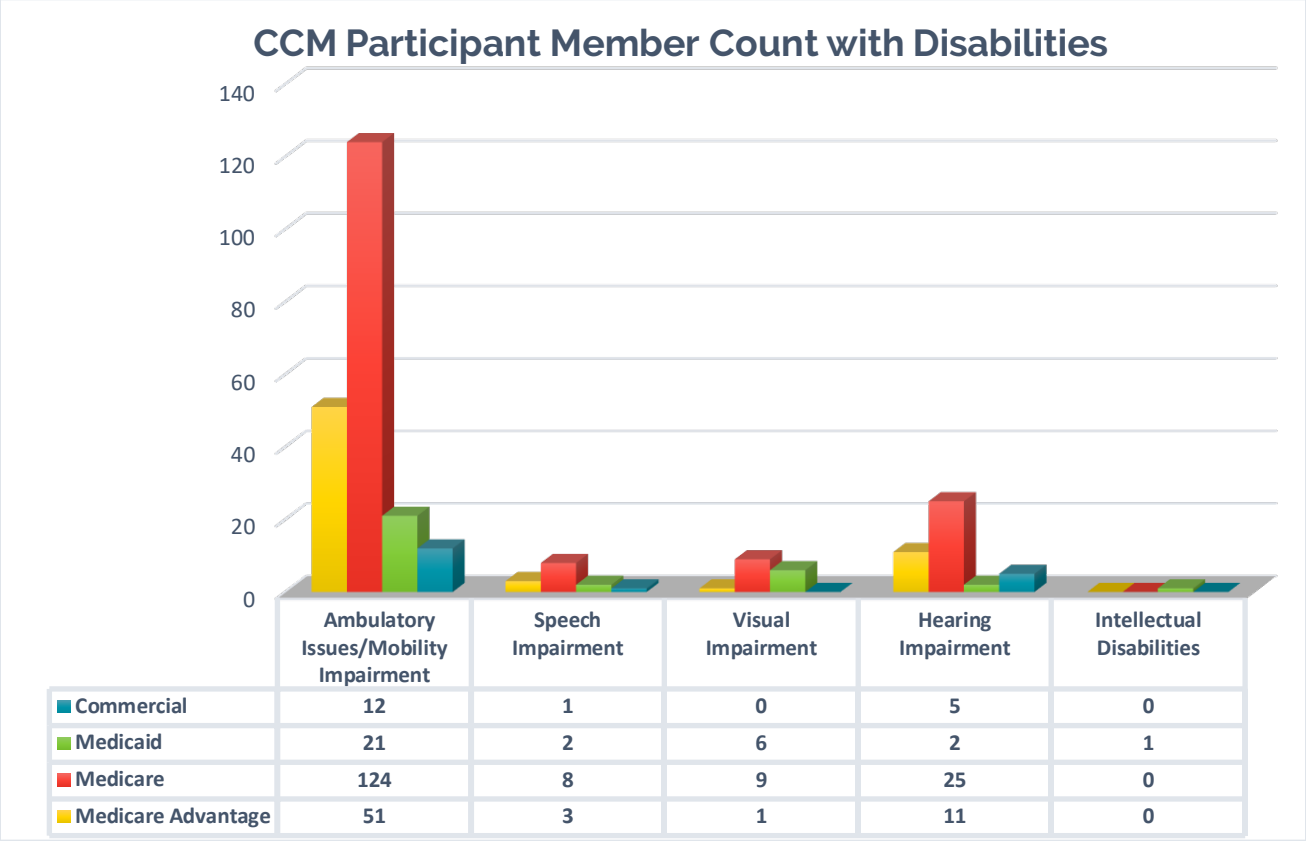
Ethnicity	Member Count	Member %
Not Hispanic/Latino	854	86.18%
Hispanic/Latino	32	3.23%
Unknown	105	10.60%



CCM SDOH:

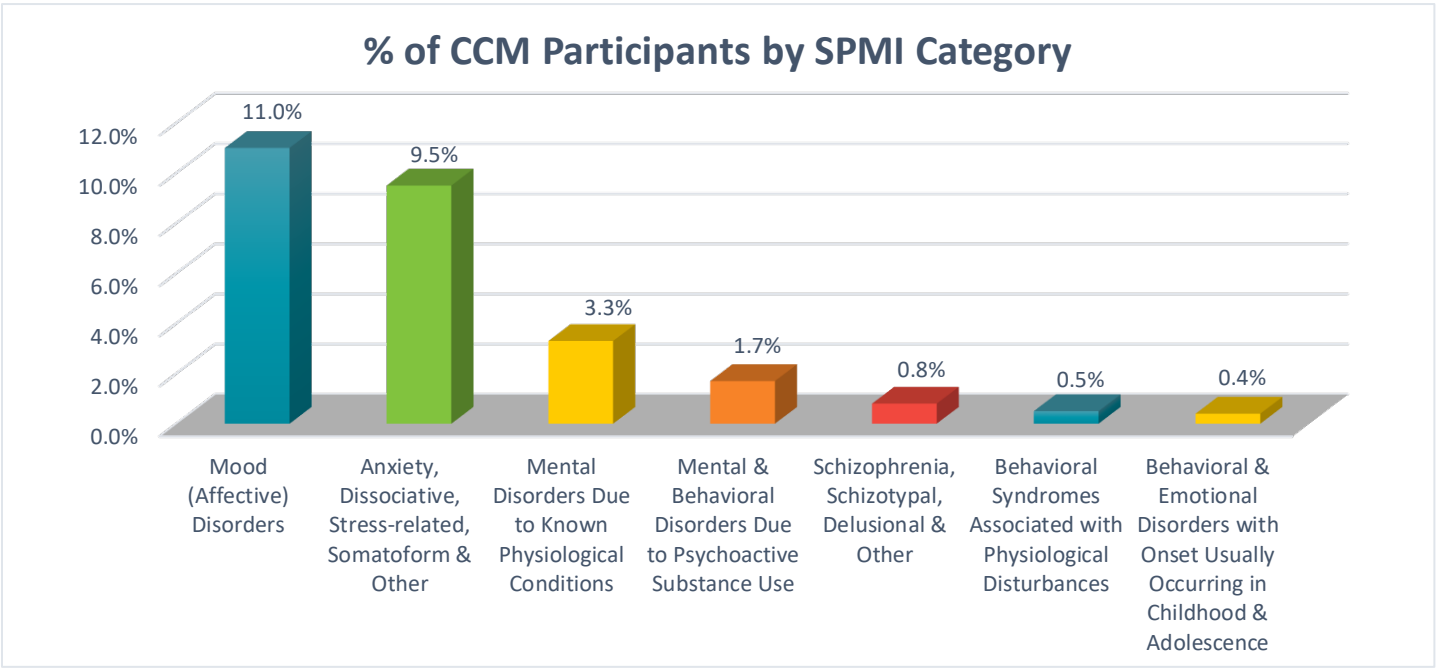


CCM Disabilities:



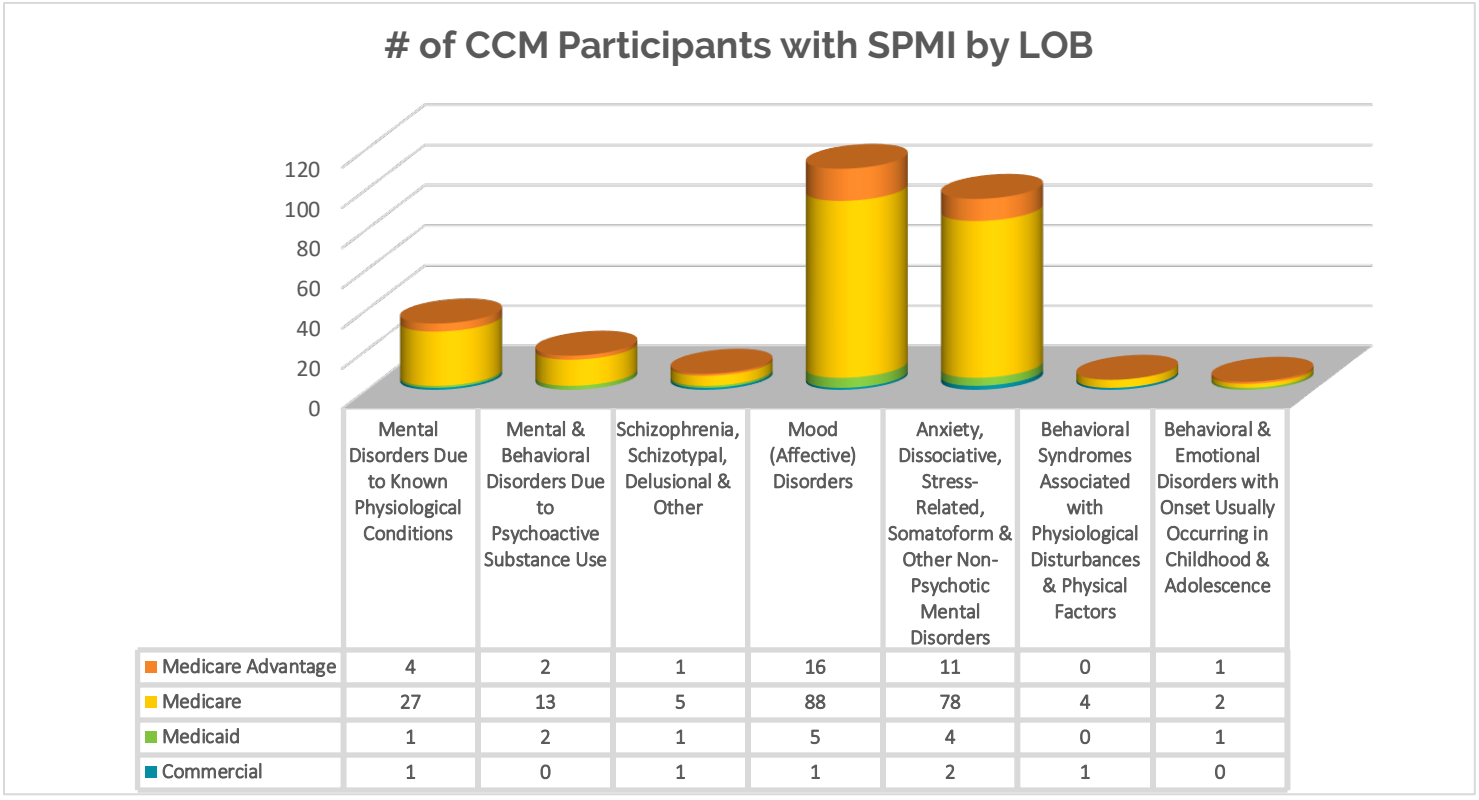
	Ambulatory Issues/Mobility Impairment	Speech Impairment	Visual Impairment	Hearing Impairment	Intellectual Disabilities
Commercial	12	1	0	5	0
Medicaid	21	2	6	2	1
Medicare	124	8	9	25	0
Medicare Advantage	51	3	1	11	0

CCM SPMI Distribution by Category:



SPMI Category	Member Count	% of CCM Participants
Mood (Affective) Disorders	89	11.0%
Anxiety, Dissociative, Stress-related, Somatoform & Other	87	9.5%
Mental Disorders Due to Known Physiological Conditions	24	3.3%
Mental & Behavioral Disorders Due to Psychoactive Substance Use	19	1.7%
Schizophrenia, Schizotypal, Delusional & Other	3	0.8%
Behavioral Syndromes Associated with Physiological Disturbances	3	0.5%
Behavioral & Emotional Disorders with Onset Usually Occurring in Childhood & Adolescence	1	0.4%
Unspecified Mental Disorder	0	0.1%
Total	**227**	**27.3%**

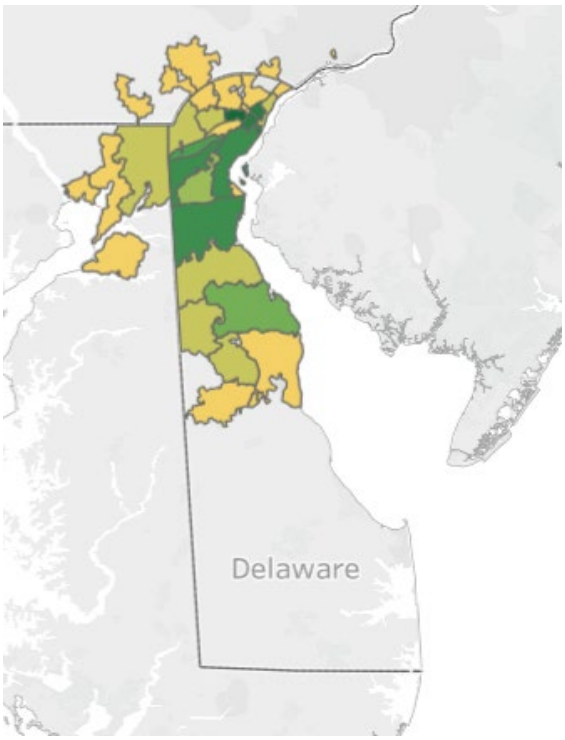
CCM SPMI by LOB:



High-Risk Pregnancy

Denominator: 209 Unique Patients

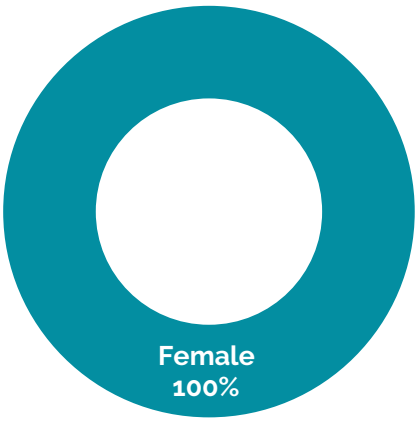
High-Risk Pregnancy Member Demographic Location:



Top 3 Zip Codes:

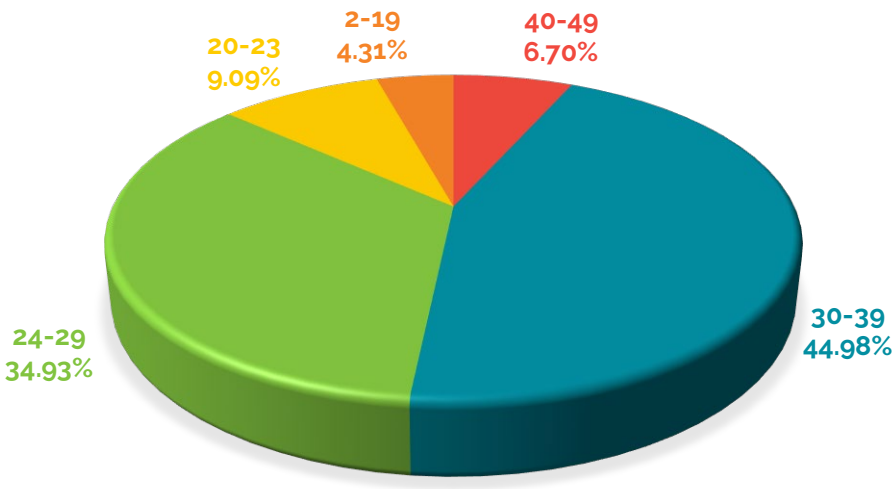
- 19805
- 19801
- 19802

High-Risk Pregnancy Participant Gender:

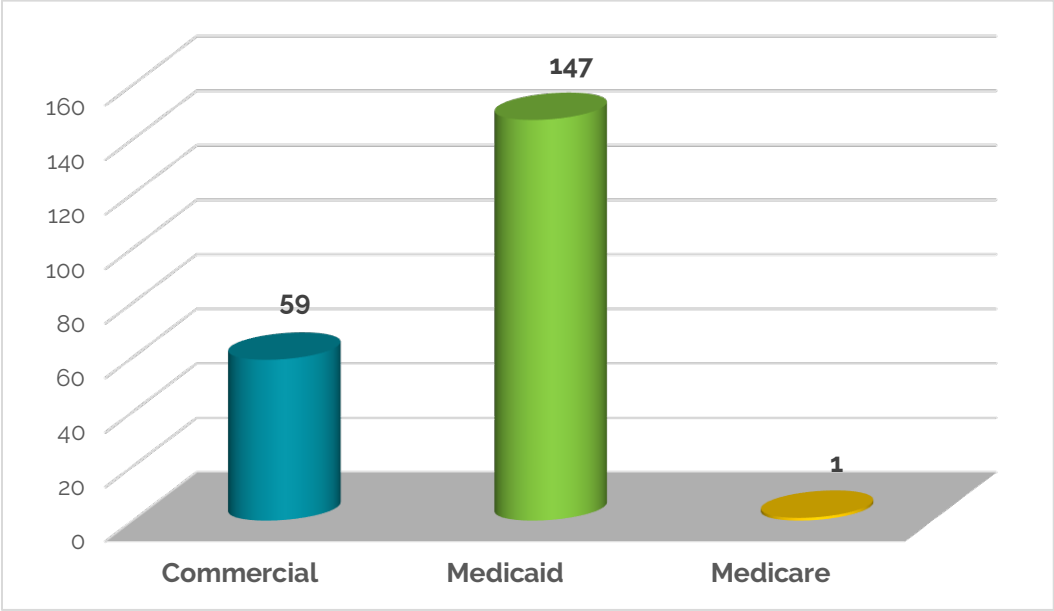


High-Risk Pregnancy Age Distribution:

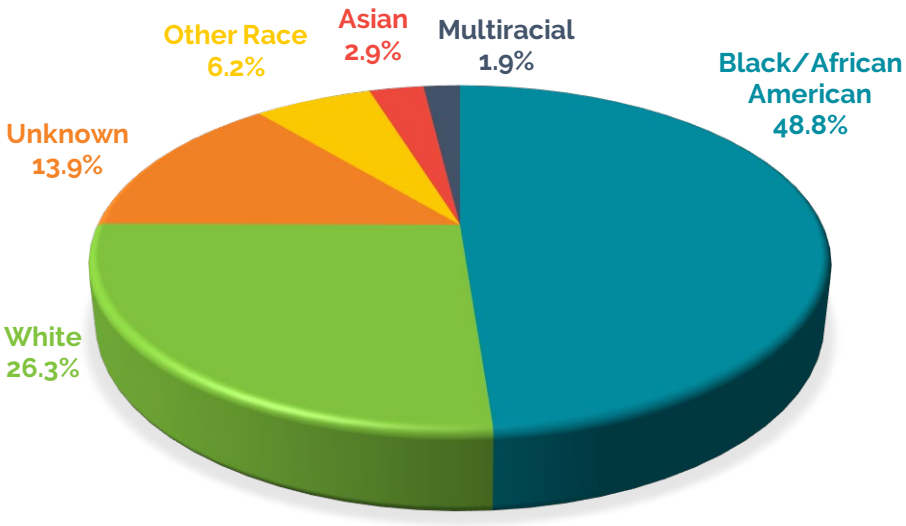
Age	Member Count	Member %
≥ 65	0	0%
60-64	0	0%
50-59	0	0%
40-49	14	6.70%
30-39	94	44.98%
24-29	73	34.93%
20-23	19	9.09%
2-19	9	4.31%
< 2	0	0%
Total	**209**	**100%**



High-Risk Pregnancy Participant Member Count Line of Business:



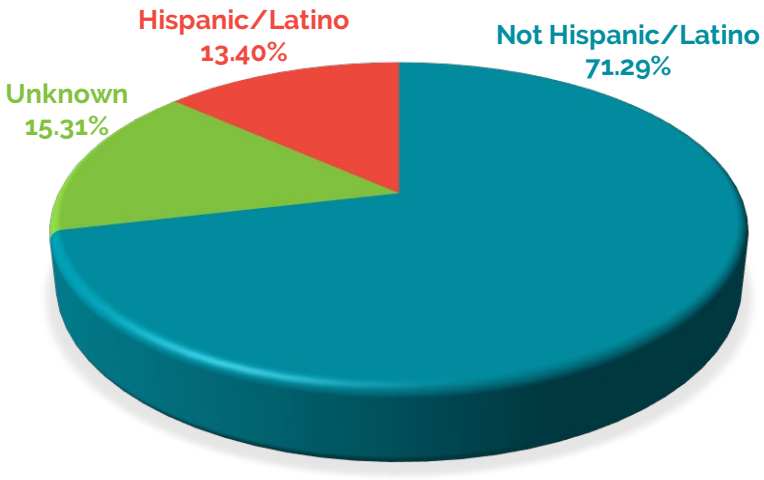
High-Risk Pregnancy Race Distribution:



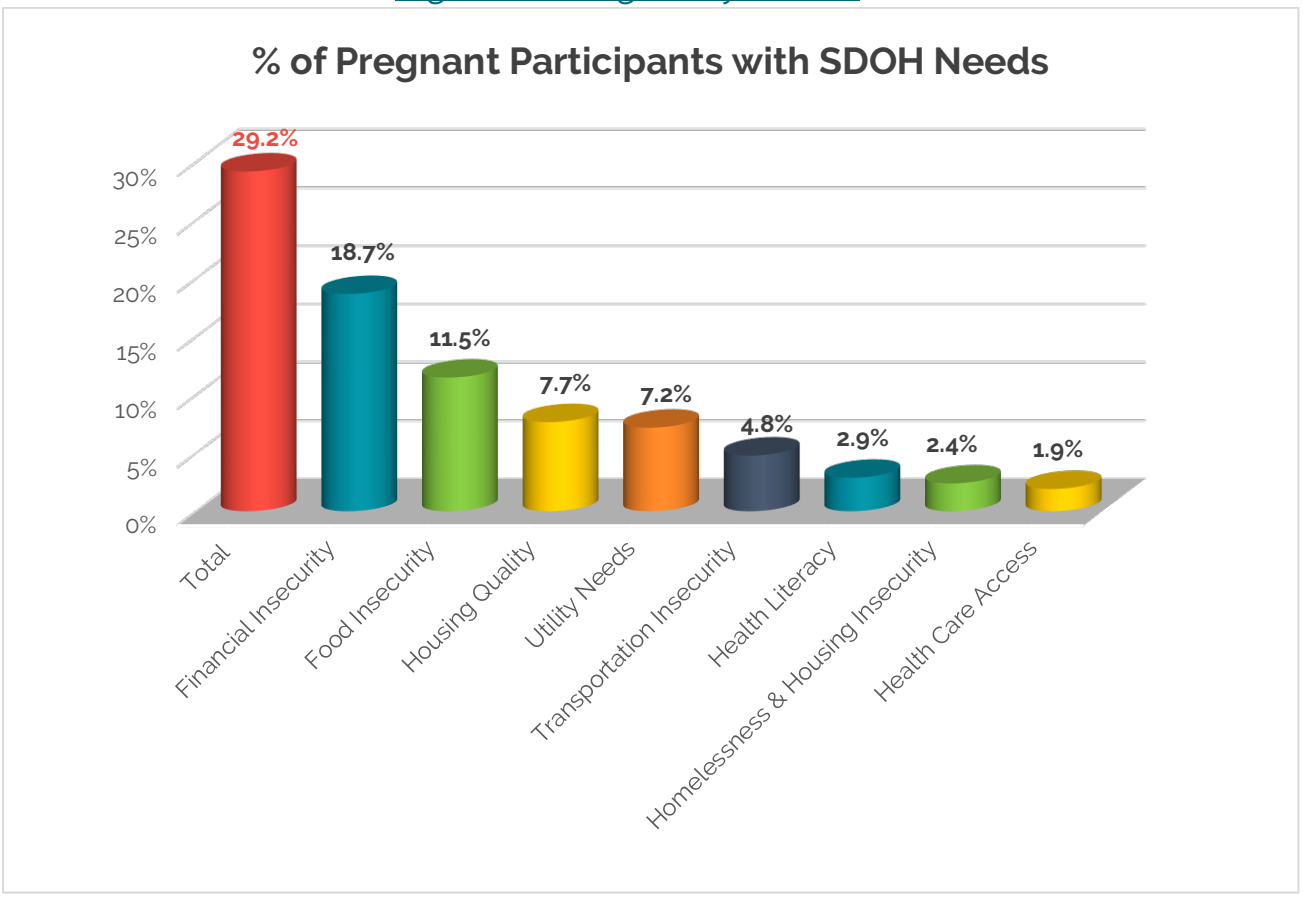
Race	Member Count	Member %
Black/African American	102	48.8%
White	55	26.3%
Unknown	29	13.9%
Other Race	13	6.2%
Asian	6	2.9%
Multiracial	4	1.9%
Total	**209**	**100%**

High-Risk Pregnancy Ethnicity Distribution:

Ethnicity	Member Count	Member %
Not Hispanic/Latino	149	71.29%
Unknown	32	15.31%
Hispanic/Latino	28	13.40%
Total	**209**	**100%**

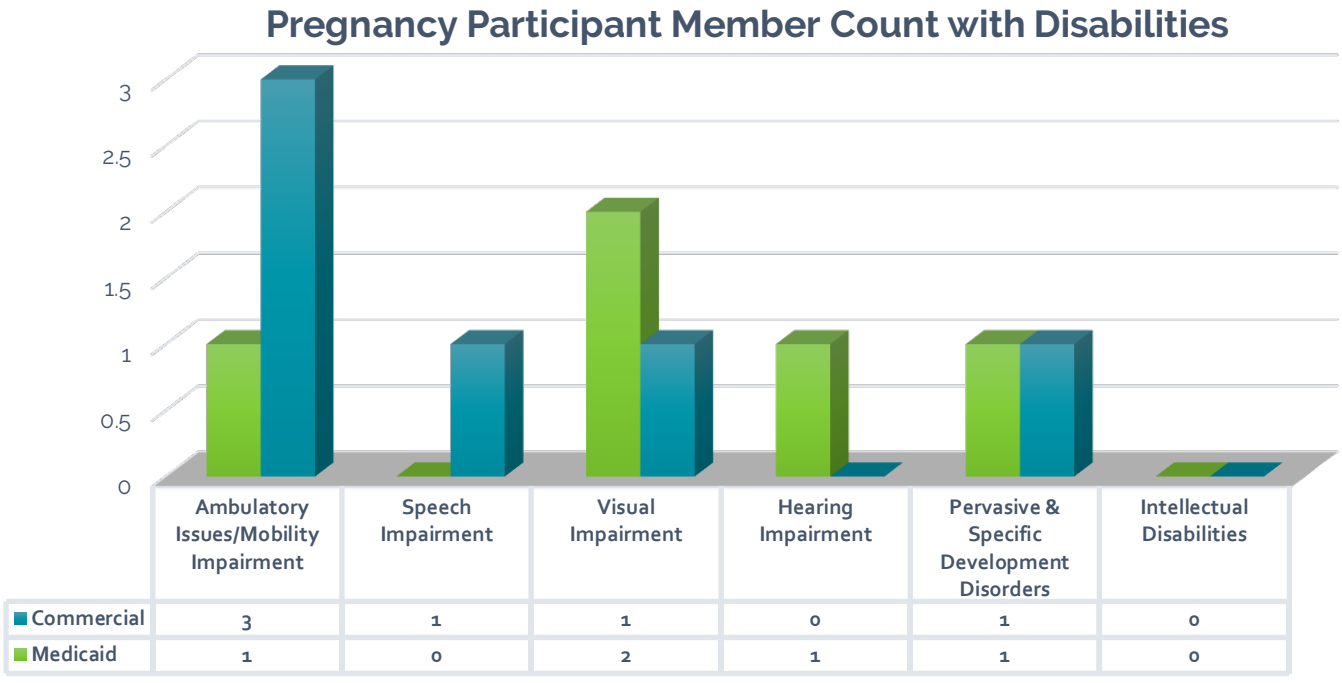


High-Risk Pregnancy SDOH:

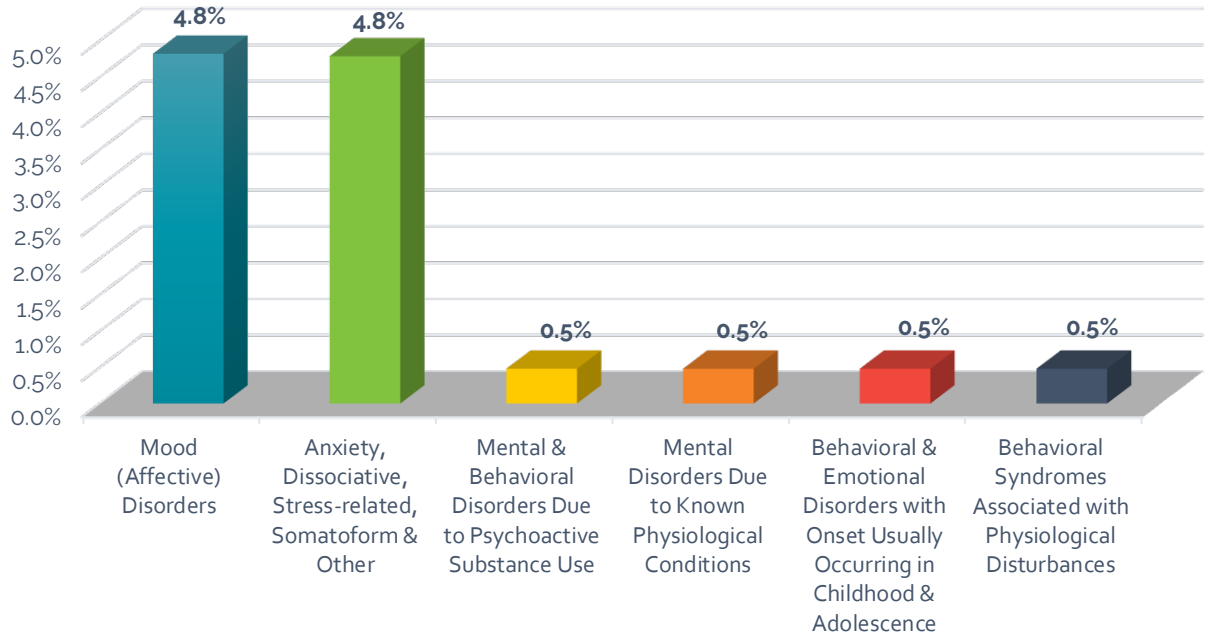


SDOH Need	Member Count	Member %
Financial Insecurity	39	18.7%
Food Insecurity	24	11.5%
Housing Quality	16	7.7%
Utility Needs	15	7.2%
Transportation Insecurity	10	4.8%
Health Literacy	6	2.9%
Homelessness & Housing Insecurity	5	2.4%
Health Care Access	4	1.9%
Total	**61**	**29.2%**

High-Risk Pregnancy Disabilities:

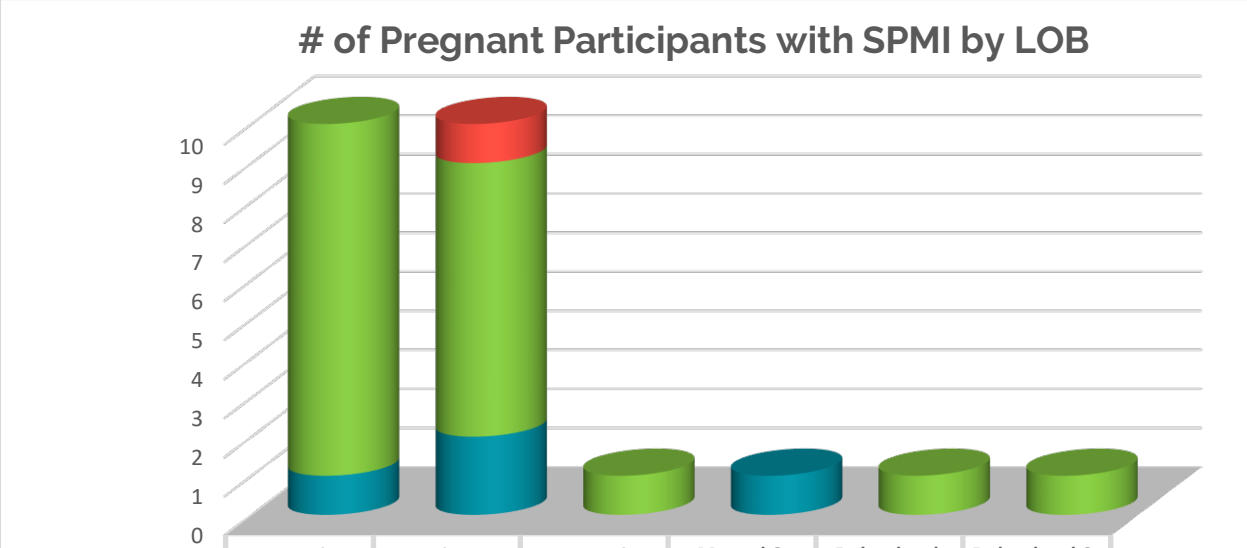


High-Risk Pregnancy SPMI Distribution:



SPMI Category	Member Count	% of Pregnancy Participants
Mood (Affective) Disorders	4	4.8%
Anxiety, Dissociative, Stress-related, Somatoform & Other	1	4.8%
Mental & Behavioral Disorders Due to Psychoactive Substance Use	0	0.5%
Mental Disorders Due to Known Physiological Conditions	0	0.5%
Behavioral & Emotional Disorders with Onset Usually Occurring in Childhood & Adolescence	0	0.5%
Behavioral Syndromes Associated with Physiological Disturbances	0	0.5%
Total	**5**	**6.0%**

High-Risk Pregnancy SPMI by LOB:

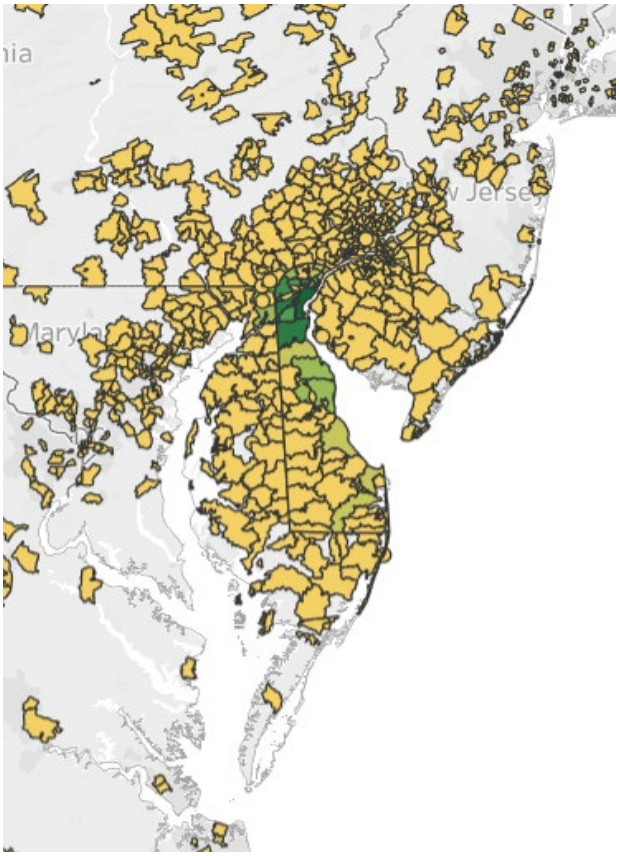


	Mood (Affective) Disorders	Anxiety, Dissociative, Stress-Related, Somatoform & Other	Mental Disorders Due to Known Physiological Conditions	Mental & Behavioral Disorders Due to Psychoactive Substance Use	Behavioral Syndromes Associated with Physiological Disturbances	Behavioral & Emotional Disorders with Onset Usually Occurring in Childhood & Adolescence
Medicare	0	1	0	0	0	0
Medicaid	9	7	1	0	1	1
Commercial	1	2	0	1	0	0

Population Assessment Heat Map

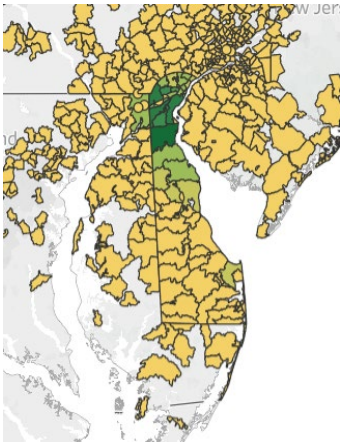
Total Population

Top 20 Cities	
City	Count
Wilmington	46,499
Newark	27,229
New Castle	14,169
Middletown	11,084
Dover	9,201
Bear	7,895
Smyrna	5,240
Elkton	3,731
Hockessin	3,619
Claymont	3,272
Lewes	3,174
Townsend	3,027
Milford	2,665
Millsboro	1,927
Clayton	1,642
Milton	1,486
Greenville	1,465
Seaford	1,411
North East	1,392
Felton	1,379

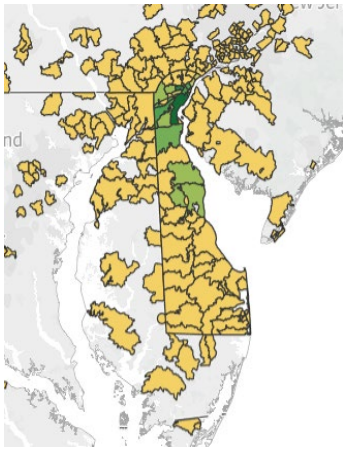


By Payer

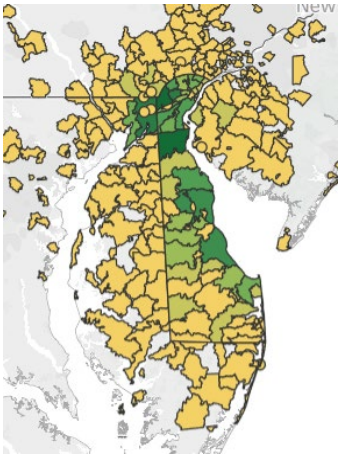
Commercial



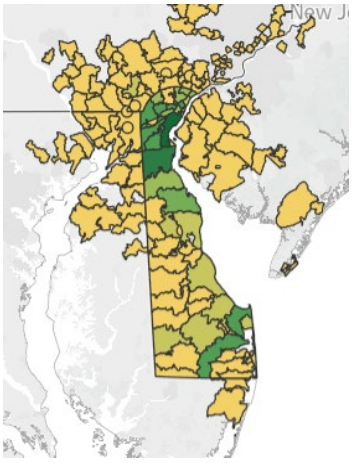
Medicaid



Medicare



Medicare Advantage



Executive Summary

Key Findings of Total Population

The 2024 CareVio Population Assessment presents a comprehensive analysis of CareVio member and regional data, with comparisons to 2023 where relevant. This evaluation focuses on targeted populations, subpopulations, disease management programs, and Social Determinants of Health (SDOH). For comparative purposes, data specific to Delaware (DE) was used, as the majority of the CareVio population resides within the state.

The total population of CareVio members for 2024 reached 179,846, reflecting an increase of more than 70,000 members compared to 2023. This growth in membership was primarily driven by contractual changes within the CareVio business in 2024. These changes led to a substantial rise in membership in the Commercial, Medicaid, and Medicare Advantage payer group, while the Medicare group showed a more modest increase.

Within the CareVio population, females exceeded males (57.3% vs. 42.6%), similar to the data reported in 2023. The largest age group was those aged 65 and older; however, the percentage of members in this age group is expected to progressively decrease compared to 2023 (30.4% vs. 39.7%). This decline was primarily due to a reduction in the proportion of members in the Medicare payer group and an increase in the percentage of members within the Commercial payer group. The second most populated age group was 2-19 years old, a marginal increase from the data reported in 2023.

A majority of CareVio members identified their race as White (40.7%), followed by Black / African American at 14.9%. However, a significant proportion of race data

remains unknown, with 38.5% of race values underreported. In previous years, CareVio's Black / African American population was approximately 25%.

Regarding ethnicity, 53.5% of CareVio members identified as "Not Hispanic / Latino" and 4.5% identified as "Hispanic Latino." Again, there was a high proportion of values that were unknown (41.9%). The Medicaid population had a higher proportion of Hispanic / Latino members compared to other payer groups.

In terms of primary language, most CareVio members spoke English as their primary language (40.6%), with Spanish being the second most frequently identified language (0.58%). However, these language data are likely skewed due to a high proportion of "Unknown / Unavailable" (34.3%) and "Other" (24.2%) responses.

For the Commercial and Medicaid populations, the most frequently reported race was "Unknown." In the Medicare and Medicare Advantage populations, the most frequently reported race was "White" (79.1% and 56.3% respectively). Comparing all payer groups, Medicaid had the highest percentage of "Black/African American" members (19.4%), and members identified as "Other Race" (3.16%).

Medicaid is a critical source of health coverage, providing comprehensive benefits to over 76 million individuals, or more than 23% of the U.S. population. Initially focused on low-income parents and children, it has expanded to include nearly all children and non-elderly adults in 40 states, with eligibility extending up to 138% of the Federal Poverty Level. Medicaid plays a vital role in serving underserved communities, disproportionately covering Latino, Black, and Native American populations. It not only improves health outcomes but also supports educational achievement, workforce participation, and economic stability. Additionally, Medicaid's expansion under the Affordable Care Act has led to reduced mortality, enhanced financial well-being, and significant benefits for both healthcare providers and state economies. [5]

Geocoding

The geocoding heat map shows population density by zip code, whereas the member count chart shows populations within cities. A notable difference in population within cities is identified, which may represent the changes in insurance payers reflected in this year's report. The most populated zip code remained consistent from last year, reflecting zip code 19720, located in New Castle County. The population of this zip code continues to account for approximately 8% of the CareVio population. The poverty rate (9.9%) of this zip code, based on data from the Delaware Department of Health and Social Services, [8] has not changed since the previous year's reported data. This zip code continues to represent a majority of Medicaid beneficiaries.

The commercial population continues to predominantly reside in the northern part of the state of Delaware. Most commercially insured members reside in the zip codes of 19709, 19702 and 19720, consistent with previously reported data in years prior.

The Medicaid population data reflecting the highest populated areas has remained unchanged from last year. The urban zip codes that are identified with the highest poverty level in the state of Delaware continue to be the most heavily populated Medicaid areas.

The Medicare Advantage population continues to reside primarily in New Castle County. In 2024, the population density within eastern Kent and Sussex counties increased compared to years past. The Medicare population has remained unchanged, representing members residing in all three Delaware counties as well as neighboring Cecil County in Maryland.

Top 20 Physical Health Conditions in 2024

In 2024, the top 20 physical health conditions reported showed that Preventative Care classified as "Health Services for Examination" remained the most common reason for a health care encounter. The 2nd most reported condition category across the entire CareVio population was related to "Potential Health Hazards Related to Communicable Diseases". This category includes encounters for immunizations, contact with and (suspected) exposure to communicable diseases, and encounters for other prophylactic measures. These ICD-10 categories may reflect the rise in COVID-19 infections observed earlier in 2024 in Delaware [7]. Similar to 2023, many of the claim encounters in 2024 were related to cardiovascular clinical ICD-10 condition categories.

The most frequent claim encounters for the Commercial population, aside from preventative health ICD-10 codes, was "Potential Health Hazards Related to

Communicable Diseases“ and “Acute Upper Respiratory Infections”. These claims continued to be reported frequently, largely due to the high number of Commercial plan members in the 2-19 age group, an ongoing trend noted in previous CareVio reports.

As consistently reported in previous years, members covered under Medicaid had significantly fewer claims for preventative care. More than 50% fewer, compared to members in the other payer groups. The second and third most frequently reported claim code categories for the Medicaid population were related to Cardiovascular and Respiratory conditions.

The most frequently reported claim categories for members in Medicare and Medicare Advantage populations were very similar, with only slight variations. Among Medicare members, the most common claims were for preventative care, followed by claims related to “Potential Health Hazards Related to Communicable Diseases,“ “Hypertensive Diseases” and “Metabolic Disorders.” The Medicare Advantage group showed similar trends, but with fewer claims for preventative care and “Potential Health Hazards Related to Communicable Diseases,” which includes immunization and COVID-19 related encounters.

In 2024, among members aged 2-19, the most common condition category was “Health Services for Examinations”, accounting for 43% of the claims. This category includes encounters for immunization, contact with/suspected exposure to communicable disease, and encounter for other prophylactic measures. Although not a perfect comparison, this data may represent a decrease from 2023, when 69% of claims were related to Preventive Care. The exact reason for this decrease is uncertain, but several factors could be involved. One possibility is a reduction in immunization visits following the peak demand during earlier COVID-19 vaccination campaigns. Changes in public health guidelines, seasonal variations, and shifts in healthcare-seeking behavior may also play a role. Additionally, varying levels of public trust in vaccines, including concerns or hesitancy, might have contributed to fewer immunization visits in some populations. [22]

The next most common conditions in this age group were “Potential Health Hazards related to Communicable Diseases” (18%) and Acute Upper Respiratory Infections (16%). Notable differences from 2023 include a decrease in Acute Upper Respiratory Infections (16% vs. 22%). This decrease may be due to a combination of factors, including enhanced immunity following the pandemic, changes in testing practices, and fluctuations in the circulation of respiratory viruses. [14]

Social Determinants of Health

Obtaining Social Determinants of Health (SDoH) data is challenging due to the complexity and variety of data sources involved. While electronic health records (EHRs) can be linked with external data such as census metrics, community surveys, and disease registries, integration of this information is often complicated by technical limitations. Additionally, much of the relevant SDoH information is not routinely captured in clinical care, and qualitative insights gathered from assessments or surveys are often inconsistent or incomplete. [12]

In 2024, a total of 1.56% of the population was identified with Social Determinants of Health (SDOH), with Medicaid representing the largest share at 59.5%, followed by Medicare Advantage at 16.4%, Medicare at 15.4%, and Commercial at 8.73%. This marks a slight increase from 2023, where 1.4% of the population had at least one identified SDOH, with Medicaid again accounting for the largest proportion at 53.1%.

The most frequently identified SDOH categories in 2024 were “Financial Insecurity” (0.34%), and “Food Insecurity” (0.34%) highlighting persistent challenges related to economic stability and access to basic necessities. In contrast, the leading categories in 2023, were “Housing and Economic Circumstances” (0.50%) and “Facilities and Other Health Care” (0.50%). While differences in data sources and categorization between years limit the ability to make direct comparisons, the

continued prominence of economic and resource-related needs underscores the enduring impact of financial and basic need insecurity within the population.

The identification of Financial Insecurity and Food Insecurity can be attributed to a combination of heightened awareness, policy initiatives, and evolving economic conditions. For example, the expiration of pandemic-era benefits in 2023, such as expanded Supplemental Nutrition Assistance Program (SNAP) benefits, left many Delaware residents struggling to meet basic needs, which likely contributed to the rise in financial and food insecurity.[23] Furthermore, Delaware's efforts such as the Delaware Grocery Initiative, signed into law in 2024 [23], reflect a targeted effort to improve access to nutritious food in underserved areas, contributing to the increased identification of food insecurity[9] .

Language distribution data for 2024 shows that 89.2% of those identified with SDOH needs speak English, while the remainder speak other languages (8.5%), or the language is unknown (2.2%). This is notably different than the 2023 data, where 97.2% of members with identified SDOH needs were English speakers, with a smaller percentage (1.9%) speaking other languages. This highlights ongoing language accessibility concerns, as individuals speaking non-English languages may face additional barriers to care.

Racial disparities persist in 2024, with 48% of the SDOH-affected population identified as Black/African American, 34% as White, 7% Unknown, 5% as Other Race, and 4% as Multiracial. A comparison of the racial distribution of individuals identified with SDOH needs in 2023 and 2024 reveals a shift in the diversity of the affected population. In 2023, the population was overwhelmingly composed of individuals identifying as either Black/African American or White, who together accounted for approximately 95% of all identified cases. In 2024, while these two groups still represent the majority, there was a modest but notable increase in the representation of individuals from other racial and ethnic backgrounds.

It is possible that economic or social factors have worsened for certain racial or ethnic groups, leading to an actual increase in SDOH challenges among these populations in 2024. Another possibility is that there has been a broadening in either the reach of SDOH screening efforts or in the accessibility and responsiveness of services to more diverse communities. This change highlights the importance of designing population health programs that are not only targeted but also inclusive, ensuring that culturally and linguistically appropriate services are available across all racial and ethnic groups. Moving forward, continued refinement of outreach strategies, community engagement, and data collection practices will be essential to ensure equitable identification of SDOH needs and the effective deployment of resources to address them [16].

Between 2023 and 2024, there were notable shifts in the racial and linguistic demographics of Medicaid members with identified SDOH needs. Black/African

American members continued to represent the largest group at 52.9%, though this marked a slight decrease from 54% in 2023. White members saw a decline in proportion, from 40% in 2023 to 28.1% in 2024, while Multiracial and Other Race groups increased to 6.0% and 5.8%, respectively, suggesting either improved outreach or a true rise in needs within these populations.

Linguistically, for Medicaid members with SDOH needs, the percentage of members speaking English dropped from 99% in 2023 to 93% in 2024, with increases in non-English languages, particularly in the "All Other Languages" and "Unknown" categories, signaling greater linguistic diversity within the SDOH-affected population. These shifts indicate a broadening of SDOH identification efforts and highlight the need for targeted care management strategies that address the specific needs of historically underserved racial and linguistic groups, ensuring equitable access to resources and support.

In summary, between 2023 and 2024, the percentage of the overall population identified with Social Determinants of Health (SDOH) needs increased slightly from 1.4% to 1.56%, with Medicaid members comprising the largest group (59.47%). The most frequently identified SDOH categories in 2024 were financial and food insecurity, highlighting persistent challenges related to economic stability and access to basic necessities. These issues were likely exacerbated by the expiration of pandemic-era benefits, though initiatives like the Delaware Grocery Initiative have aimed to improve access to nutritious food[1].

Racially, Black/African American members continued to make up the largest portion of the SDOH-affected population, but there was a notable increase in the representation of Multiracial and Other Race groups, suggesting either improved outreach or an actual rise in SDOH challenges in these populations. Linguistically, the percentage of English-speaking members with SDOH needs decreased from 99% in 2023 to 93% in 2024, signaling a broader linguistic diversity among those affected by SDOH. These shifts emphasize the need for inclusive care management strategies that address the diverse needs of underserved racial and linguistic groups, ensuring equitable access to resources and support[10].

Disabilities

As reported in previous years, some commercial payers restrict their provision of some disability and behavioral health claims to CareVio. Thus, the data described below is an incomplete representation of the disability and behavioral health / SPMI claims for the commercial population.

In 2024, a total of 12,790 disability-related claims were recorded across the CareVio population of 179,846 members. Because a single member may have more than one type of disability, and may appear under multiple payer groups, this figure does not reflect the number of unique individuals with disabilities.

Disability-related claims were reported at a rate of 7.1% in 2024, a slight decrease from 7.9% in the previous year. This percentage represents the rate of disability related claims relative to the overall membership population, rather than the proportion of members with a documented disability.

The greatest number of disability-related claims occurred in the Medicare population, with 19.2% of members having at least one disability-related claim. Medicare Advantage followed at 13.9%, while Commercial and Medicaid populations reported lower percentages, at 3.0% and 2.6%, respectively.

"Mobility Impairment" was the most frequently reported category, accounting for 5,882 claims, with the largest share from the Medicare (2,899) and Medicare Advantage (1,608) populations. "Hearing Impairment" followed closely, with 4,597 claims, again primarily from Medicare (2,443) and Medicare Advantage (1,095) members. In 2023, "Hearing Impairment" had the highest number of claims followed by "Mobility Impairment."

Other reported disability categories included "Vision Impairment" (1,475) claims, "Speech impairment" (506), and "Pervasive or Specific Developmental Disorders" (257). "Intellectual Disabilities" were the least reported, with 73 associated claims across all payer groups.

These patterns are consistent with the demographic and clinical complexity of the Medicare and Medicare Advantage populations, which tend to include older adults and individuals with chronic conditions. Lower rates in the Medicaid and Commercial groups may reflect differences in age distribution, health status, or access to or eligibility for disability related services.

Severe and Persistent Mental Illness

In 2024, there were 10,179 CareVio members identified with at least one Serious and Persistent Mental Illness (SPMI). This group represents 5.7% of the total population of 179,846 members. This percentage is lower than in 2023, 8.0% of the population was identified with an SPMI. Although the number of members with SPMI increased from 2023 to 2024, the overall percentage decreased because the total member population grew significantly during that time. Most of this growth occurred within the Commercial and Medicare Advantage payer groups, which historically have had lower rates of documented SPMI. This shift in the population likely contributed to the overall reduction in SPMI prevalence as a proportion of the total population.

"Mood (affective) Disorders" and "Anxiety-Related Disorders" remained the most common SPMI categories in 2024. Each affected approximately 2.3% of the overall population and accounted for 33.4% and 32.9% of all SPMI claims, respectively. These proportions are slightly lower than in 2023, when mood and anxiety disorders impacted 2.8% and 2.6% of the total population respectively.

Other notable categories in 2024 included "Mental and Behavioral Disorders Due to Psychoactive Substance Use", which affected 0.8% of the population, a slight decrease from 0.9% in 2023. "Behavioral and Emotional disorders with Onset Occurring in Childhood and Adolescence", affected 0.4% of the population – an increase from 0.2% in 2023. "Schizophrenia, Schizotypal, Delusional and Related Disorders" remained relatively rare but stable, affecting 0.2% of the population in 2024 compared to 0.3% in the previous year. Similarly, "Behavioral Syndromes Associated with Physiological Disturbances" was rare but affected 0.2% of the population in 2024 compared to 0.1% in 2023.

Prevalence of SPMI varied significantly across payer groups. A year-over-year comparison of SPMI data from 2023 to 2024 reveals several key trends across payer groups. Notably, the Commercial population showed a substantial increase in reported SPMI conditions. "Mood Disorders" rose significantly from 0.15% to 3.8% and "Anxiety-Related Disorders" increased from 0% to 5.6%. "Mental and Behavioral Disorders Due to Psychoactive Substance Use" increased from 0.02% to 3.1%. "Behavioral and Emotional Disorders with Onset Usually Occurring in Childhood and Adolescence" increased from .02% to 3.7%. Even less common categories, such as schizophrenia-related conditions and "Mental Disorders Due to Known Physiological Conditions," rose from near zero to 0.4% and 0.8% respectively. These increases likely reflect fewer restrictions on behavioral health claims reported to CareVio rather than a true surge in incidence. However, the trend could suggest commercial members are being diagnosed at higher rates in 2024 than in 2023.

The Medicaid population experienced modest but consistent increases across many SPMI categories from 2023 to 2024. "Mood Disorders" increased from 5.48% to 8.0%, and "Anxiety Related Disorders" rose from 4.87% to 8.5%. "Behavioral and Emotional Disorders with Onset Usually Occurring in Childhood and Adolescence" also saw a rise from 1.28% to 2.5%, while schizophrenia-related diagnoses climbed from 0.46% to 0.9%. "Mental and Behavioral Disorders Due to Psychoactive Substance Use" remained stable from 2023 to 2024 at 2.9%. Most other categories remained relatively stable or increased marginally. Regarding the increase in mood and anxiety disorders, there has been a general uptick in these diagnoses among Medicaid enrollees. A study by the Commonwealth Fund (2025) indicates that Medicaid covers a sizable portion of individuals with mental health conditions, with 44% of adults on Medicaid experiencing any mental illness or substance use disorder[6]. This underscores the critical role Medicaid plays in providing access to mental health care for low-income populations. The increase in these diagnoses may reflect a combination of factors, including improved screening, better care coordination, greater awareness, and reduced stigma around mental health issues, leading to more individuals seeking and receiving care[17].

Medicare Advantage members saw changes in several SPMI categories between 2023 and 2024. "Mood Disorders" decreased from 4.4% to 3.4%; likewise, anxiety

decreased from 3.75% to 3.0%. "Mental and Behavioral Disorders Due to Psychoactive Substance Use" rose from 1.96% to 2.5%, while schizophrenia and behavioral syndromes associated with physiologic disturbances remained relatively stable. Although rare, increases were observed in "Behavioral and Emotional Disorders with Onset Usually Occurring in Childhood and Adolescence" (from 0.22% to 0.3%) and "Disorders of Adult Personality and Behavior" (from 0.02% to 0.1%). These patterns may be driven by a combination of factors, including improved behavioral health integration, expansion of services within MA plans, and shifts in the enrolled population, especially with more high-needs members who may have historically gone undiagnosed[2].

Conversely, the Medicare population remained relatively stable in most SPMI categories in 2024 compared to 2023. "Mood Disorders" increased slightly from 24.89% to 25.7% and anxiety-related conditions decreased from 24.5% to 23.0%. "Mental and Behavioral Disorders Due to Psychoactive Substance Use" fell slightly from 5.8% to 5.0%. "Mental Disorders Due to Known Physiological Conditions" and schizophrenia related conditions remained relatively stable. Although rare, there were notable increases observed in "Disorders of Adult Personality & Behavior," "Emotional Disorders with Onset Usually Occurring in Childhood and Adolescence," and "Unspecified Mental Disorder."

Mental and Behavioral Disorders Due to Psychoactive Substance Use

The increase in "Mental and Behavioral Disorders Due to Psychoactive Substance Use," particularly opioid use, in the Commercial and Medicare Advantage populations, is a concerning trend. The state of DE continues to suffer the impact of the opioid epidemic, According to the Centers for Disease Control and Prevention's[4], Delaware's 2023 drug overdose mortality rate involving any opioid was 50.5 deaths per 100,000 residents, ranking third only to the District of Columbia and West Virginia. In particular, Fentanyl, a powerful synthetic opioid used for extreme pain and end-of-life care is increasingly identified in overdose deaths in DE. In 2023, fentanyl was identified in 446 of 527 overdose deaths, compared to 28 that involved heroin. The 2024 Delaware Forensics annual report, recently released, noted an improvement identifying that overdose deaths involving fentanyl decreased to 271 out of total of 338. Additionally, the number of heroin involved overdose deaths decreased to 21[24].

In the Commercial population, the prevalence of "Mental and Behavioral Disorders Due to Psychoactive Substance Use," rose significantly from 0.02% in 2023 to 3.1% in 2024. The most notable substances in 2024 included opioids (67.7%), followed by alcohol (20.1%), cocaine (8.5%), other psychoactive substances (7.8%), nicotine (7.8%) and smaller percentages of cannabis and other substances. The high opioid use in the Commercial population may be due to several factors. First, opioid use has been a prominent issue nationwide, particularly among populations with higher access to

prescription medications. A rise in chronic pain conditions associated with Increasing access to stronger pain management prescriptions given for a longer duration (e.g., oxycodone and fentanyl) might explain the high use of opioids in this population[25]. Second, the increase may be attributed to less restrictive sharing of behavioral health related claims data and thus, more complete reporting.

In the Medicare Advantage population, the prevalence of "Mental and Behavioral Disorders Due to Psychoactive Substance Use," rose from 1.96% in 2023 to 2.5% in 2024, suggesting increased recognition and possibly a true rise in use. In 2024, nicotine use dominated at 65.2%, followed by opioids (20.7%) and alcohol (12.1%), with smaller percentages for cocaine, cannabis, and other substances. Compared to 2023, nicotine-related cases rose sharply (from 37% to 65.2%), while opioid use declined from 25% to 20.7% and alcohol use dropped from 22% to 12.1%. The declines in opioid and alcohol use are positive signs, likely reflecting the impact of public health efforts, better access to treatment, and earlier intervention. The increase in nicotine use, however, points to an area needing continued attention, possibly due to evolving patterns of dependence or improved detection. This shift may also be influenced by better screening practices, demographic changes, and expanded behavioral health integration in Medicare Advantage. While overall prevalence of psychoactive substance use rose, the data suggests improved identification rather than a surge in new cases. A study in the *American Journal of Preventive Medicine* found that only 11% of Medicare beneficiaries with substance use disorders receive treatment, hindered by stigma, cost, and limited access[18]. These barriers continue to affect care delivery and outcomes.

In the Medicare population, the prevalence of "Mental and Behavioral Disorders Due to Psychoactive Substance Use," decreased from 5.8% in 2023 to 2.1% in 2024, accompanied by a shift in the pattern of substance use. In 2024, nicotine use accounted for 93.1% of cases, alcohol use for 6.2%, and other substances accounted for 0.8%. In comparison, 2023 data showed nicotine use at 94% and alcohol use at 6%, with minimal reported use of other substances. The overall decline in substance use is a positive development, suggesting that public health initiatives, increased awareness, and better access to preventive care may be contributing to lower substance use rates among Medicare beneficiaries. However, the emergence of "other" substances in 2024, though minimal, may point to evolving substance use behaviors that warrant closer monitoring. This underscores the importance of maintaining strong surveillance systems and adapting prevention strategies to address emerging trends. A study published in JAMA Psychiatry found that the prevalence of substance use disorders in the U.S. may be considerably higher than estimates from national surveys, suggesting a greater burden of these conditions than previously recognized. This highlights the importance of improving substance use disorder treatment and prevention efforts to address this public health issue[15].

In the Medicaid population, the prevalence of "Mental and Behavioral Disorders Due to Psychoactive Substance Use," remained stable at 2.9% in 2024; however, there was a notable shift in the pattern of substance use compared to 2023. While alcohol use decreased slightly from 51% to 48.1%, the proportion of opioid-related cases increased from 25% to 32%, indicating that opioids account for a larger share of substance use relative to other substances. Nicotine, cannabis and cocaine use also rose modestly. The increase in the proportion of opioid use aligns with findings from Lindner et al. (2023), who analyzed Medicaid data across multiple states and identified significant geographic variation in opioid use disorder prevalence, treatment rates, and opioid-related overdoses. Their study highlights that opioid use disorder remains a substantial and variable challenge among Medicaid enrollees, emphasizing the complexity of opioid use trends and the importance of tailored interventions to improve treatment access and reduce harms[13].

CareVio Subpopulations Key Findings

Comprehensive Case Management

In 2024, there was a 59% increase in the number of members enrolled in the Comprehensive Case Management (CCM) program for >60 days, rising from 624 members in 2023 to 991 in 2024. This growth is partially attributable to the overall expansion of CareVio's managed population. In addition, in mid-2024, CareVio transitioned to a new care management platform and concurrently revised the CCM program. As part of this update, the CCM program was expanded to integrate and replace three Population Health programs: Diabetes, Congestive Heart Failure, and COPD.

Members enrolled in a Comprehensive Case Management program for >60 days (991) were mostly female (59%), ≥ 65 years of age (67.7%), non-Hispanic (86.2%), and White (52.2%). Most members were in the Medicare and Medicare Advantage populations, and resided in the zip code 19720, the most populated zip code in New Castle County.

A total of 28.9% of program participants had SDOH needs identified, which is a 3-fold increase from the 9.3% identified in 2023. Similar to the entire CareVio population, the most frequently reported SDOH categories were "Financial Insecurity" (14.3%) and "Food Insecurity" (12.1%). As previously mentioned, the identification of "Financial Insecurity" and "Food Insecurity" can be attributed to a combination of heightened awareness, policy initiatives, and evolving economic conditions.

A 2024 study published in the *Journal of General Internal Medicine* examined financial hardship among Medicare beneficiaries, highlighting that individuals enrolled in Medicare Advantage (MA) plans, particularly those experiencing food insecurity, often face significant financial challenges. The study found that food-insecure MA enrollees reported higher rates of financial hardship compared to their food-secure

counterparts, suggesting that food insecurity exacerbates financial strain within this population[19].

Similar to 2023 and 2022, for members participating in a Comprehensive Case Management program in 2024, the most frequently reported disability across all payers was "Ambulatory Issues/Mobility Impairment." Given that more than 67% of the participants were ≥65 years of age, this finding is expected.

The most frequently reported SPMI conditions in 2024 were "Mood Disorders" (11.0%) and "Anxiety Related Disorders" (9.5%). While still reported at relatively high rates, both conditions showed a decline compared to 2023, when they were documented at 14.3% and 13.9%, respectively. Disorders due to "Mental and Behavioral Disorders Due to Psychoactive Substance Use," decreased from 3.0% in 2023 to 1.7% in 2024.

In summary, the significant growth in Comprehensive Case Management enrollment in 2024 reflects both the increasing complexity of CareVio's member population and strategic enhancements to the care model. The integration of condition-specific programs into a broader, more holistic case management approach has allowed for improved identification of clinical, functional, and social needs.

Rising rates of SDOH identification—particularly around financial and food insecurity—underscore the critical role that case management programs play in addressing non-clinical barriers to care. As highlighted in recent research, food insecurity among Medicare Advantage enrollees contributes to heightened financial stress, making the integration of social needs screening and intervention a vital component of comprehensive care[3].

These findings reinforce the value of a proactive, multidisciplinary case management model that not only addresses chronic disease management and aging-related challenges but also targets upstream social factors to improve outcomes and support vulnerable populations

High Risk Pregnancy

In 2024, there was greater than a 150% increase in the number of members enrolled in the High-Risk Pregnancy program for >60 days, rising from 83 members in 2023 to 209 in 2024. This growth is partially attributable to the overall expansion of CareVio's Medicaid population. In addition, the new healthcare management platform engaged innovative strategies to improve identification of pregnant members following acute care utilization.

Members enrolled in a high-risk pregnancy program were primarily in the age category of 30-39. In 2024, there were slightly more members in the 2-19 age category (4.3%) than in 2023 (3.6%). Most members were Black/African American (48.8%), not Hispanic/Latino (71%) and in the Medicaid or Commercial populations. In

2024, the percent of Hispanic/Latino members decreased, from 14.5% in 2023 to 13.4% in 2024.

In 2024, 29.2% of program participants had a reported SDOH need, which was greater than a four-fold increase from 7.2% in 2023. Similar to the total CareVio population, the most frequently reported SDOH categories were "Financial Insecurity" (18.7%) and "Food Insecurity" (11.5%). "Housing Quality" and "Utility Needs" were also frequently reported at 7.7% and 7.2% respectively.

A total of 11 disabilities were reported; 4 program participants had "Ambulatory Issues / Mobility Impairment," 3 participants had "Visual Impairment," and 2 participants had "Pervasive & Specific Development Disorders." Other disabilities were rare; however, one participant had a speech impairment, and one had a "Hearing Impairment."

In 2024, a total of 5 SPMI conditions were reported. "Mood Disorder" was reported for four participants and "Anxiety Disorders" was reported by one patient.

CareVio Subpopulation Programs Summary

In 2024, CareVio experienced substantial growth in both the Comprehensive Case Management (CCM) and High-Risk Pregnancy programs, reflecting the expansion of its managed populations and enhancements in program design. Enrollment in the CCM program increased by 59% while the High-Risk Pregnancy program more than doubled with a 150% increase. This growth was driven by both the overall expansion of CareVio's population and strategic program updates, including a transition to a new care management platform and the integration of condition-specific programs into the broader CCM model.

The CCM population was primarily older adults (≥65 years), mostly female, and largely Medicare beneficiaries, with many residing in New Castle County. The High-Risk Pregnancy program predominantly served younger women aged 30-39, mainly Black/African American and enrolled in Medicaid or Commercial plans. Both programs saw significant increases in the identification of social determinants of health (SDOH) needs, with nearly 29% of CCM participants and 30% of High-Risk Pregnancy members reporting challenges. Financial insecurity and food insecurity were the most common social needs across both populations, alongside housing and utility concerns particularly noted in the pregnancy program. The rising detection of these social barriers highlights the growing complexity of member needs and the critical role of integrated care management in addressing not only clinical conditions but also non-medical factors that impact health outcomes

Functional profiles differed between the groups, with mobility impairments prevalent in the older CCM population, while disabilities in the High-Risk Pregnancy program were less common but varied, including visual, developmental, and hearing impairments. Mental health conditions such as mood and anxiety disorders were reported in both programs, though rates were higher among CCM members. These

findings emphasize the importance of a multidisciplinary, proactive case management approach that comprehensively addresses chronic disease, aging-related challenges, pregnancy risks, and social determinants, ultimately striving to improve health outcomes and support vulnerable populations within CareVio's diverse membership.

Opportunities for Improvement/Action Plan

Summary of Findings for 2023 Population Health Assessment and Corresponding Action Plans

As part of the improvement plan proposed in the CareVio 2023 Population Health Assessment, several interventions were implemented.

Transition to New Healthcare Management Platform

In mid-2024, CareVio successfully transitioned into a new innovative electronic Population Healthcare platform, achieving significant milestones in connecting and curating health information. This transition has made health information more accessible and useful, thereby enhancing coordination of care. The transition also led to a more streamlined domain build, promoting a consistent and efficient approach to providing care. Consequently, CareVio expanded the breadth of conditions included in its programs, enabling the provision of more services to a large segment of the population. These structural changes have had a lasting and positive impact on the nexus between better health outcomes and the appropriate utilization of costly and limited health resources. Notable examples of the domain structure enhancements include the integration of overarching programs such as Comprehensive Case Management, which now encompasses Disease Management and other longitudinal programs.

Increasingly Diverse Population

The 2023 annual report highlighted the growing diversity within the member population, specifically noting an increase in Spanish-speaking members, greater participation of Latina pregnant women in the CareVio High-Risk Pregnancy Program, and an increased number of members who communicate using American Sign Language. In response to these findings, several key interventions were successfully implemented throughout 2024 to enhance language accessibility and promote health equity.

To address the identified language barriers, comprehensive education was provided to care coordinators. This training, delivered on January 22, 2025, by the Cultural Competency and Language Services group, served as a crucial refresher on language and cultural competency. The session emphasized the importance of reviewing member electronic charts for potential language barriers before

conducting outreach. It also provided essential guidance on collaborating with qualified interpreters and highlighted the significant negative consequences of limited language access, such as diagnostic errors, medication errors, and reduced compliance with treatment plans. Care coordinators were also equipped with information on multiple options for accessing interpreter services. Furthermore, technological infrastructure was enhanced to better support language identification. The new healthcare management platform now prominently displays the patient's preferred language in a more front-facing area within the electronic chart, enabling staff to quickly recognize and address language needs.

In collaboration with ChristianaCare's Health Equity Department, the effectiveness of their various classes, workshops, and quick tips continues to be evaluated. This ongoing assessment aims to align these valuable educational resources with the specific needs of CareVio staff, ensuring they have access to the most relevant and impactful training opportunities. These initiatives underscore a commitment to providing equitable and culturally sensitive care to all members, ensuring that language is never a barrier to receiving high-quality healthcare services.

Gaps in Preventative Care

As identified in the 2023 annual report, Medicaid-attributed members consistently exhibited the lowest percentage of preventative claims. CareVio's new advanced platform is helping to address this critical care gap and improve health outcomes. The new platform provides a comprehensive 360-degree member view, capturing each member's health journey with relevant clinical data and delivering actionable insights to facilitate the closure of care gaps. For instance, the due dates for key screening visits are now readily visible and front-facing within the member's electronic chart. The platform actively indicates when care gaps are open or closed, providing immediate status updates. This enhanced visibility and data integration empower CareVio care coordinators with the precise information needed to proactively encourage and assist members in accessing essential preventative care services.

Furthermore, the platform offers a robust clinical data system directly integrated into each patient's chart. This includes the identification of risk management opportunities and supports risk recapture by providing granular details on appointment statuses and Primary Care visits. CareVio staff now have access to a significantly expanded array of information within individual clinical charts compared to the previous system, enabling a more nuanced understanding of patient needs and more targeted interventions for impactable care gaps.

Disparities in CareVio Programming

The 2023 Population Health Assessment findings highlighted a lower percentage of African American/Black participants in CareVio programs than was observed in previous years. In response to this identified disparity, CareVio implemented and advanced targeted strategies in 2024 aimed at enhancing health equity and increasing engagement among vulnerable populations.

A key component of this effort involves continued collaboration with the ChristianaCare Health Equity & Cultural Competency organization. CareVio has made available to its staff the comprehensive resources provided by this department, which include classes, workshops, and quick tips on topics such as the role of literacy in health outcomes, health disparities in Black and African American communities, and understanding idioms. Providing access to these resources helps ensure CareVio staff are equipped with relevant cultural competency knowledge to better serve diverse members.

Furthermore, to strategically address identified disparities, CareVio has refined its approach for some of its programs. This involves the identification of specific zip codes that are characterized by social vulnerability and a higher prevalence of health disparities. This granular geographical insight enables CareVio to target eligible members more effectively for Comprehensive Case Management, ensuring focused outreach and tailored support that drives increase participation and improved health outcomes for these communities. This strategy directly aligns with the 2023 commitment to enhancing engagement for members facing health inequities.

Disparities in Cardiovascular Disease

In 2023, cardiovascular disease, particularly hypertension, was identified as a significant area of focus, affecting approximately half of all Medicare and Medicare Advantage members. Recognizing this, CareVio prioritized interventions to enhance the management of cardiovascular conditions in 2024. A key initiative involved comprehensive staff education on managing patients with hypertension. On October 16, 2024, CareVio's Medical Director delivered specialized training focused on hypertension management, equipping staff with updated knowledge and strategies to improve patient outcomes.

Furthermore, CareVio implemented enhanced strategies to identify and expand the cardiovascular disease population. These strategies included a concentrated effort on identifying a broader range of cardio-pulmonary diagnoses, ensuring more members with these critical conditions are brought into CareVio's care management programs. This initiative-taking approach aims to address the previously observed decline in CHF program participation, particularly among Medicaid and Medicare members, despite consistent or increasing overall population numbers.

Improve Declination Rates

The 2023 annual report identified a significant increase in member declination rates within the Medicare population, a trend not observed in the Commercial or Medicaid segments. These findings prompted CareVio to implement and advance several targeted strategies in 2024 to enhance member engagement and mitigate declinations.

To address concerns raised by some members who perceived CareVio calls as "spam" or a "scam," CareVio continues to work with several different payer partners to inform members about CareVio and include the CareVio phone number and logo on the back of insurance cards. This ongoing approach aims to reassure members that their payer has partnered with CareVio, fostering a sense of trust and encouraging engagement.

In addition, throughout 2023 and continuing into 2024, CareVio leaders initiated an ongoing effort to review member outreach phone calls. This process, conducted as part of the validation process and quarterly care coordinator reviews, utilized the Avaya phone system to monitor calls. The review of these outreach calls provided further insights and opportunities to refine engagement strategies.

Further bolstering efforts to decrease member declinations, the new electronic healthcare platform has been instrumental. This platform now allows for the easier identification of declination rates by individual staff member, providing granular data that supports targeted coaching and continuous improvement in member engagement efforts. These integrated strategies demonstrate CareVio's commitment to fostering trust and ensuring members feel safe and willing to engage with valuable health management services.

Increase Support for Behavioral Wellness

The 2023 annual report highlighted a sustained increase in reported mood (depression) and anxiety disorders among the Medicare population. In direct response to these findings, CareVio implemented comprehensive interventions in 2024 to enhance support for the mental well-being of its members. A key initiative involved providing specialized education to CareVio staff. This training focused on topics critical to the Medicare demographic, including managing loneliness and chronic illness in elderly adults. This education equips care coordinators and social workers with enhanced skills for screening and assessing depression, as well as connecting members with appropriate mental health resources.

Beyond formal education, CareVio continues to provide a caring calls program, with a dedicated volunteer who makes outreach calls to members. These calls are extended to individuals who may or may not require case management but are identified as potentially lonely, isolated, or simply in need of social connection.

CareVio also actively leverages valuable resources provided by its payer partners. For instance, the Highmark Medicare Advantage Blue Neighbors program is utilized to support socially isolated members. CareVio proactively makes members aware of such programs, which offer beneficial services like educational sessions on current topics such as identifying scams, and engaging activities like Bingo, fostering a sense of community and connection.

Addressing SDOH Needs

The 2023 population health assessment reaffirmed housing instability as a significant social determinant of health impacting Delaware residents. In response, CareVio reinforced and expanded existing efforts throughout 2024 to address this ongoing need. Three CareVio staff members actively participate on the Delaware Housing Alliance Committee, contributing to the Continuum of Care membership meetings with a focus on system solutions as well as advancing racial justice and equity within housing services. This long-standing involvement ensures that CareVio remains connected to state-wide efforts and is well positioned to advocate for and support vulnerable populations.

In addition to these strategic engagements, CareVio dedicates significant community giving efforts toward supporting local shelters and housing-related empowerment centers. Recent initiatives include donations of water bottles and supplies to Friendship House Empowerment Centers and St. Patrick's Shelter, reflecting CareVio's ongoing commitment to meeting immediate needs within the homeless and housing-insecure communities

Screening for SDOH, including housing, remained a core component of all CareVio programs. In 2024, this screening process was consistently applied across the population served, with referrals made to appropriate housing and support services when unmet needs were identified. The continuation of these efforts was guided by the 2023 findings, which underscored the ongoing importance of integrating social and medical care.

Although housing resources remained limited and future federal funding poses uncertainties, CareVio sustains its commitment to addressing housing needs as part of a comprehensive, person-centered care model. By maintaining and enhancing these interventions in 2024, CareVio demonstrated a data-informed response to identified SDOH needs and reinforced its role in supporting the overall well-being of the populations it serves.

Summary of Findings for 2024 Population Health Assessment and Corresponding Action Plans

The 2024 population health assessment provides CareVio with valuable insights to guide the refinement and expansion of its programming. These findings support the

implementation of innovative initiatives and targeted strategies designed to improve patient outcomes and engagement. The following are key focus areas identified through the assessment, highlighting opportunities for impactful action and continued progress.

Decrease Utilization for Severe Episodic Upper Respiratory Infections

Respiratory illnesses were identified as a leading cause of healthcare utilization across multiple populations. Among the Commercial population, acute upper respiratory infections emerged as the most frequently reported claim encounter, excluding preventive health-related ICD-10 codes. Similarly, in the Medicaid population, respiratory conditions are ranked as the third most common reason for claims.

In alignment with these trends, CareVio had already implemented key initiatives aimed at managing respiratory illnesses and reducing unnecessary healthcare utilization. CareVio partnered with ChristianaCare to establish the Cough and Cold Line, a dedicated telephone resource providing adults with guidance on managing cold, flu, and COVID-19 symptoms at home. This service provided timely, evidence-based guidance to help reduce unnecessary in-person visits and ensure patients had access to appropriate care and self-management strategies.

Additionally, CareVio is engaged in a broader initiative focused on decreasing emergency department utilization for ambulatory care sensitive conditions, including acute respiratory illness. This initiative, launched in early 2025, seeks to engage patients before they present to the ED by offering alternative pathways to care. As part of this effort, CareVio plays a significant role in outreach, education, and care coordination, offering patients timely support and helping to redirect them to more appropriate care settings when possible.

These existing interventions are integral to CareVio's comprehensive approach to respiratory health and population management. Moving forward, CareVio will continue to build upon these programs, leveraging insights from the 2024 assessment to further refine outreach, education, and care coordination efforts. This ongoing commitment underscores CareVio's role in proactively addressing respiratory health needs and improving care access across populations.

Reduce Language Disparities Among Members with SDOH

The 2024 population assessment revealed notable shifts in the language distribution among individuals identified with social determinants of health (SDOH) needs. Specifically, 89.2% of members with SDOH needs reported English as their primary language, while the remaining population speaks other languages, or their language preference is unknown (2.2%). This represents a decrease from 2023, where 97.2% of

members with SDOH needs were English speakers, and only 1.9% spoke other languages.

This shift underscores ongoing and increasing language accessibility challenges within the population served by CareVio. Individuals whose primary language is not English often face heightened barriers to accessing healthcare and related social services, which can exacerbate health disparities. Addressing these barriers is critical to ensuring equitable care and effective resource utilization.

To respond to these findings, CareVio is intensifying efforts to improve language accessibility, with a particular focus on expanding the availability of educational and resource materials translated into Spanish, the most spoken non-English language in the region. These enhancements aim to improve communication, facilitate better understanding of health information, and support navigation of healthcare and social services for non-English-speaking patients.

This initiative is part of a broader commitment by CareVio to reduce language-related disparities and promote culturally and linguistically appropriate services as a key component of addressing social determinants of health.

Preventing Falls due to Mobility Impairment

The 2024 population assessment identified mobility impairment as the most frequently reported category of claims, totaling 5,882 across the population. The majority of these claims were concentrated within the Medicare (2,899) and Medicare Advantage (1,608) groups. To address the complex needs associated with mobility challenges, CareVio has implemented several targeted initiatives. A more robust referral process has been established to connect patients with mobility impairments to the Safe Steps program, which focuses on fall prevention and safety. Additionally, an educational presentation on frailty in the elderly is scheduled to be presented to CareVio staff by a board-certified geriatrician, emphasizing the critical importance of mobility management in this population. Furthermore, mobility issues were addressed during a discussion on palliative care at the CareVio Care Management Conference in April, reinforcing best practices for managing mobility-related concerns.

According to the CDC's April 2025 Data Brief No. 528, "unintentional injuries, including falls, have become a leading cause of death among older adults, with rates increasing over the past two decades." The report emphasizes that "implementing preventive measures, such as fall risk assessments and environmental modifications, is crucial to reduce fall-related injuries and deaths in this population." [11]

These findings align with CareVio's commitment to preventing falls among older adults by integrating fall risk assessments and targeted interventions into its care model. Moreover, mobility considerations have been prioritized within CareVio's

recently transitioned healthcare management platform, ensuring these needs are front and center in patient care planning and coordination.

These initiatives reflect CareVio's comprehensive, data-driven approach to addressing mobility conditions that significantly impact quality of life and healthcare utilization, especially among older adults. Continued focus on early identification, appropriate referral, and staff education will enhance care outcomes and support patient independence.

Continued Focus on Behavioral Health and Substance Use Disorders

Mood (affective) disorders and anxiety-related disorders remained the most prevalent categories of serious and persistent mental illness (SPMI) in 2024, each affecting approximately 2.3% of the overall population. Together, these conditions accounted for 33.4% and 32.9% of all SPMI claims, respectively, underscoring their significant impact on the health and well-being of the populations served.

The 2024 assessment also revealed a concerning increase in psychoactive substance use disorders, particularly opioid use, among the Commercial and Medicare Advantage populations. This trend underscores the urgent need for more integrated and accessible behavioral health and substance use treatment options.

In response, CareVio continues to prioritize integrated behavioral health as a critical component of its care model. Referrals to behavioral health resources are made as appropriate, and for certain payer contracts, CareVio leverages a licensed clinical social worker who is also a Certified Advanced Alcohol and Drug Counselor. This specialist has demonstrated success in engaging patients with substance use disorders and provides education and support to both patients and care teams on recovery strategies.

CareVio collaborates closely with payer partners to facilitate referrals to payer-based behavioral health programs. Regular collaborative case review calls with payers help identify the most appropriate care management program for each individual, enhancing coordination and optimizing outcomes through tailored support. Recognizing that addressing behavioral health needs is often foundational to managing concurrent medical conditions, CareVio focuses on ensuring timely access to behavioral health care as a prerequisite for effective medical intervention.

Looking ahead, CareVio will build on these strategies to further improve coordination and access to behavioral health and substance use treatment reflecting its commitment to a holistic and person-centered approach to care.

Conclusion

In 2024, CareVio built on the 2023 Population Assessment by upgrading to a new health care management platform that improved care coordination, expanded

services, and enhanced language access for a more diverse population. Targeted education and partnerships helped reduce disparities in program participation and cardiovascular care, while efforts to lower Medicare member declinations included increasing member confidence and monitoring outreach calls. Behavioral health support and addressing housing instability also remained key priorities.

The 2024 assessment identified new areas of focus such as reducing respiratory related healthcare use through alternative care options, expanding Spanish language resources for members with social needs, and preventing falls among older adults with mobility challenges. CareVio continued emphasizing integrated behavioral health and substance use treatment, demonstrating its ongoing commitment to equitable, patient-centered care.

Meet the Team

Dr. Diane Bohner, MD
Clinical Operations Director - CareVio

Michelle Passaretti, MSN, RN, CCM
CareVio Operations Director

Jami Ogden, MSN, RN
Director CareVio Contracts, Quality & Performance Improvement

Kris Livingston, BS, MBA, RHA, CPHQ, LSSGB, CPHI
Senior Project Manager - Contracts, Quality & Performance Improvement

Lisa Cowperthwait, MBA
Marketing & Digital Specialist

Sarah Daphne Nallie
CareVio Information Services Manager

Daniel Paettie
CareVio Senior Systems Analyst

Matt Antoline
Senior Data Analyst - Population Health Data Analytics

Appendix A

Disabilities: ICD-10 codes utilized for obtaining disabilities via claims data

Disability Category	Code
Intellectual Disabilities	F70: Mild intellectual disabilities F71: Moderate intellectual disabilities F72: Severe intellectual disabilities F73: Profound intellectual disabilities F78: Other intellectual disabilities F79: Unspecified intellectual disabilities
Pervasive and Specific Developmental Disorders	F80: Specific developmental disorders of speech and language F82: Specific developmental disorders of scholastic skills F84: Pervasive developmental disorders F88: Other disorders of psychological development F89: Unspecified disorder of psychological development
Hearing Impairment	H90: Conductive and Sensorineural hearing loss H91: Other and unspecified hearing loss
Visual Impairment	H53: Visual disturbances H54: Blindness and low vision
Mobility Impairment	R26-R26.9: Abnormalities of gait and mobility Z74.09: Other reduced mobility
Speech Impairment	R47: Speech disturbances, not elsewhere classified

Severe and Persistent Mental Illness (SPMI): ICD-10 codes utilized for SPMI via claims data

SPMI Category	Code
Mental disorders due to known physiological conditions	F01: Vascular dementia F02: Dementia in other disease classified elsewhere F03: Unspecified dementia F04: Amnestic disorder due to known physiological condition F05: Delirium due to known physiological condition F06: Other mental disorders due to known physiological condition F07: Personality and behavioral disorders due to known physiological condition F09: Unspecified mental disorder due to known physiological condition

Mental and behavioral disorders due to psychoactive substance use	F10: Alcohol related disorders F11: Opioid related disorders F12: Cannabis related disorders F13: Sedative, hypnotic, or anxiolytic related disorders F14: Cocaine related disorders F15: Other stimulant related disorders F16: Hallucinogen related disorders F17: Nicotine dependance F18: Inhalant related disorders F19: Other psychoactive substance related disorders
Schizophrenia, Schizotypal, delusional, and other non-mood psychotic disorders	F20: Schizophrenia F21: Schizotypal disorder F22: Delusional disorder F23: Brief psychotic disorder F24: Shared psychotic disorder F25: Schizoaffective disorder F28: Other psychotic disorder not due to a substance or known physiological condition F29: Unspecified psychosis not due to a substance or known physiological condition
Mood (affective) disorders	F30: Manic episode F31: Bipolar disorder F32: Depressive episode F33: Major depressive disorder, recurrent F34: Persistent mood [affective] disorder F35: Unspecific mood [affective] disorder
Anxiety, dissociative, stress-related, somatoform and other non-psychotic disorders	F40: Phobic anxiety disorders F41: Other anxiety disorders F42: Obsessive-compulsive disorder F43: Reaction to severe stress, and adjustment disorder F44: Dissociative and conversion disorders F45: Somatoform disorders F48: Other non-psychotic mental disorders
Behavioral syndromes associated with physiological disturbances and physical factors	F50: Eating disorders F51: Sleep disorders not due to a substance or known physiological condition F52: Sexual dysfunction not due to a substance or known physiological condition F53: Mental behavioral disorders associated with disorders or disease classified elsewhere F55: Abuse of non-psychoactive substances

	F59: Unspecified behavioral syndromes associated with physiological disturbances and physical factors
Disorders of adult personality and behavior	F60: Specific personality disorders F63: Impulse disorders F64: Gender identity disorders F65: Paraphilias F66: Other sexual disorders F68: Other disorders of adult personality and behavior F69: Unspecified disorder of adult personality and behavior
Behavioral and emotional disorders with onset usually occurring in childhood and adolescence	F90: Attention-deficit hyperactivity disorders F91: Conduct disorders F93: Emotional disorders with onset specific to childhood F94: Disorders of social functioning with onset specific to childhood and adolescence F95: Tic disorder F98: Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence
Unspecified mental disorder	F99: Mental disorder, not otherwise specified

References

1. Antonik, J. (2024). *Delaware Grocery Initiative signed into law*. Delaware Business Times. Retrieved from https://delawarebusinesstimes.com/news/delaware-grocery-initiative/
2. Better Medicare Alliance. (2022) New analysis highlights innovative approaches to Behavioral Health Coverage in Medicare Advantage. Retrieved from: https://bettermedicarealliance.org/news/new-analysis-highlights-innovative-approaches-to-behavioral-health-coverage-in-medicare-advantage/
3. Campagna, V., Mitchell, E., & Krsnak, J. (2022). Addressing Social Determinants of Health: A Care Coordination Approach for Professional Case Managers. Professional case management, 27(6), 2
4. Centers for Disease Control and Prevention. State Unintentional Drug Overdose Reporting System (SUDORS). Final Data. Atlanta, GA: US Department of Health and Human Services, CDC; [2025, June]. Retrieved from: https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html
5. Chu R, Peters C, Buchmueller T. Medicaid: The Health and Economic Benefits of Expanding Eligibility (Issue Brief No. HP2024-17). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. September 2024.
6. Counts, N. (2025). Medicaid's Role in Mental Health and Substance Use Care (explainer). Commonwealth Fund. https://doi.org/10.26099/gfe2-7169
7. Delaware Department of Health and Social Services. (2025) Covid-19. My Health Community Delaware Environmental Public Health Tracking Network. https://myhealthycommunity.dhss.delaware.gov/topics/covid-19/locations/state/seasons/2022-2023
8. Delaware Department of Health and Social Services. (2025). Equity counts data center. Population Data. My Healthy Community Delaware Environmental Public Health Tracking Network. https://myhealthycommunity.dhss.delaware.gov/portals/ecdc/locations/zip-code-19720/community-overview
9. Delaware Senate passes Bill from senator Darius Brown that will help marshal resources to eliminate food deserts. Delaware Senate Democrats. (2024, June 11). https://senatedems.delaware.gov/2024/06/11/delaware-senate-passes-bill-from-senator-darius-brown-that-will-help-marshal-resources-to-eliminate-food-deserts
10. Ganatra, S., et al. (2024). Standardizing social determinants of health data: a proposal for a comprehensive screening tool to address health equity a systematic review. Health affairs scholar, 2(12), qxae151. https://doi.org/10.1093/haschl/qxae151

11. Garnett, M., Weeks, J., & Zehner, A. (2025). Unintentional fall deaths among adults age 65 and older: United States, 2023. NCHS Data Brief No. 532. https://doi.org/10.15620/cdc/174601
12. Li, C., et al. (2024). Realizing the Potential of Social Determinants Data: A Scoping Review of Approaches for Screening, Linkage, Extraction, Analysis and Interventions. medRxiv : the preprint server for health sciences, 2024.02.04.24302242. https://doi.org/10.1101/2024.02.04.24302242
13. Lindner SR, Hart K, Manibusan B, McCarty D, McConnell KJ. State- and County-Level Geographic Variation in Opioid Use Disorder, Medication Treatment, and Opioid-Related Overdose Among Medicaid Enrollees. JAMA Health Forum. 2023;4(6):e231574. doi:10.1001/jamahealthforum.2023.1574
14. Marwah, A., Thomas, A., & De Leon, J. (2024). 2024: Respiratory trends: Navigating the threat of RSV, influenza, and COVID-19 [Webinar]. Bluedot. https://bluedot.global/2024-respiratory-disease-trends-webinar/
15. Mojtabai R. (2022). Estimating the Prevalence of Substance Use Disorders in the US Using the Benchmark Multiplier Method. JAMA Psychiatry. 79(11):1074–1080. doi:10.1001/jamapsychiatry.2022.2756
16. Office of Disease Prevention and Health Promotion. (n.d.). *Social Determinants of Health. Social Determinants of Health - Healthy People 2030.* Retrieved https://health.gov/healthypeople/objectives-and-data/social-determinants-health
17. Ortega, A. (2023). Medicaid Expansion and mental health treatment: Evidence from the Affordable Care Act. Health Economics, 32(4), 755-806. https://doi.org/10.1002/hec.4633
18. Parish, W. J., Mark, T. L., Weber, E. M., & Steinberg, D. G. (2022). Substance Use Disorders Among Medicare Beneficiaries: Prevalence, Mental and Physical Comorbidities, and Treatment Barriers. American journal of preventive medicine, 63(2), 225–232. https://doi.org/10.1016/j.amepre.2022.01.021
19. Park, S., Berkowitz, S.A. (2024). *Financial Hardship Among Traditional Medicare and Medicare Advantage Enrollees With and Without Food Insecurity*. J GEN INTERN MED 39, 2407–2414 (2024). https://doi.org/10.1007/s11606-024-08798-4
20. *Quick Facts Delaware*. (2024). (U.S. Census Bureau) Retrieved from https://www/census.gov/quickfacts/fact/table/DE/
21. Santibanez, T. A., Black, C. L., Zhou, T., Srivastav, A., & Singleton, J. A. (2024). *Parental hesitancy about COVID-19, influenza, HPV, and other childhood vaccines*. Vaccine, 42(25). https://doi.org/10.1016/j.vaccine.2024.07.040
22. Sawicki, R. (2023, August 26). *Food Bank sees food insecurity still rising in Delaware*. Delaware First Media. https://www.delawarepublic.org/politics-government/2023-08-26/food-insecurity-still-on-the-rise-food-bank-seeing-consi

23. State of Delaware: Office of the Governor. (2024) *Governor Carney Signs Legislation to Address Food Deserts*. Retrieved from https://news.delaware.gov/2024/08/29/governor-carney-signs-legislation-to-address-food-deserts.
24. State of Delaware: Division of Forensic Science. (2025). *2024 Annual Report.* Retrieved from: https://forensics.delaware.gov/resources/contentFolder/pdfs/2024%20DFS%20Annual%20Report.pdf?cache=1750437017942
25. Witkiewitz, K., & Vowles, K. E. (2018). Alcohol and Opioid Use, Co-Use, and Chronic Pain in the Context of the Opioid Epidemic: A Critical Review. Alcoholism, clinical and experimental research, 42(3), 478–488. https://doi.org/10.1111/acer.13594