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Aetna Better Health of West Virginia (ABHWV), a CVS Health company serving approximately 190,000 Medicaid members, partnered with Moodr Health to address a persistent challenge: reaching members whom traditional outreach consistently missed. Beginning with their highest-need population, members diagnosed with substance use disorder, ABHWV deployed Moodr's engagement platform to open a new communication channel, streamline care coordination, and drive measurable improvements in enrollment and engagement across West Virginia.

The Impact

Improved care manager efficiency and member trust

Scalable, human-centered model for high-risk populations

Expansion underway to broader Medicaid populations

Client & Population

- Aetna Better Health of West Virginia, a CVS Health company
- ~190,000 Medicaid members statewide; ~16,000 diagnosed with SUD

Challenge

- Near-zero engagement among SUD members through phone-based outreach
- Care managers spending significant time on unanswered outreach attempts
- Barriers: housing instability, disconnected numbers, limited broadband access

Solution

- SMS-first engagement and streamlined digital care workflows
- Intake, consent, SDOH screening, and care plan enrollment within one platform
- Phased deployment: targeted SUD pilot in 2025, full team expansion in January 2026

Results (6 Months)

- 23,000+ member records supported
- 23% engagement among previously unreachable members
- 57% increase in care plan enrollment
- 8% increase in care manager engagement with the SUD population
- 100% platform uptime

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The Challenge

ABHWV serves approximately 190,000 Medicaid members across West Virginia through the Mountain Health Trust and Mountain Health Promise programs. Among this population, roughly 16,000 members carry a substance use disorder diagnosis, one of the most operationally complex and costly cohorts in managed care.

The challenge is structural, not operational. Members in this population face compounding barriers: housing instability, frequently changing phone numbers, limited broadband access, and a documented pattern of avoiding unknown callers. **These are not problems that more phone calls can solve.**

ABHWV's outreach relied heavily on cold calls and lengthy intake surveys. Care managers often spent up to an hour on the phone with each member to complete assessments and develop care plans. **The majority of members never picked up or returned messages.** Reaching even a fraction of the eligible population required repeated attempts and significant staff time, with little to show for it.

National research reflects these challenges at scale. A randomized trial found that nearly 50% of patients in safety-net health systems are unreachable by telephone, with disconnected numbers, full voicemail boxes, and intentional avoidance of unknown callers as the primary barriers (Valencia et al., 2023). A study of 20,000+ adolescents enrolled in Medicaid across 14 states found that while 49.5% initiated treatment after a qualifying SUD diagnosis, **fewer than half** of those who started care stayed engaged beyond the first 30 days, with individuals facing more complex medical needs being more likely to start care but less likely to continue it (Chavez et al., Substance Abuse, 2022).

Four specific factors compounded this problem for ABHWV's care management team:

- **Channel mismatch**: care teams relied on outbound phone calls to a population that does not answer unknown numbers, with cold calls going to voicemail at rates exceeding 60% for SUD populations.
- **Contact instability**: members with SUD frequently change or disconnect phone numbers, and address-based outreach fails for those experiencing housing instability.
- **Assessment burden**: completing intake surveys, PHQ-9, GAD-7, AUDIT-C, and SDOH screenings required extended phone conversations that members were unwilling or unable to engage in.
- **Low care plan yield**: care managers were spending a disproportionate share of their time on outreach with low conversion rates, reducing their bandwidth for members who were already engaged.

For a Medicaid plan measured on HEDIS metrics, state-mandated engagement benchmarks, and value-based care performance, the inability to reach high-acuity members translates directly into missed quality scores and higher downstream costs. ABHWV's leadership recognized they needed a complementary channel that reflected how members actually communicate.

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The Solution

Phase 1: Early Innovators Pilot (2025)

ABHWV launched an initial pilot with 6 care managers with experience in substance use and behavioral health. With support from the Moodr Health Early Innovators Program, the pilot was designed from the outset to **expand existing outreach** rather than replace it.

Care managers used Moodr to initiate contact via text message, a channel members were far more likely to respond to than an unfamiliar phone number. From that first response, care managers could complete intake surveys, conduct SDOH assessments, facilitate care plan enrollment, and maintain ongoing follow-up, all within a single, secure platform. **What had previously required an hour-long phone call could now begin with a single text**.

Moodr Health provided comprehensive training, workflow development, and a library of message templates. The pilot established the operational foundation: a standard care coordination workflow, tested best practices, and a clear picture of what full adoption looked like. The six care managers who completed the pilot became the platform's **most consistent advocates**, and their results became the clearest proof of what the partnership could achieve at scale.

Phase 2: Full Team Expansion (January 2026)

Building on pilot success, ABHWV expanded the partnership to its full care management team in January 2026. Twenty-five new care managers and two overseeing managers were onboarded, with executive oversight from the Directors of Social Determinants of Health and Care Management.

The platform extended beyond SUD to cover all high- and medium-acuity populations across the team's diverse caseloads, including behavioral health, maternal health, NICU, chronic disease management, and general intensive case management.

To support the rollout, Moodr Health facilitated weekly small-group office hours, individual 15-minute onboarding interviews with each new user, and real-time workflow adjustments based on direct feedback from the team. This white-glove implementation model was designed for **rapid**, **low-friction** adoption and allowed both organizations to identify and address friction points early, before they became habits.

The six pilot super-users carried over into the full launch as internal advocates, demonstrating to new team members what **sustained**, **high-engagement** use of the platform looks like in practice. Their presence accelerated onboarding and gave the broader team a peer model to follow.

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Testimonial

From ABHWV Care Managers

“Absolutely love Moodr! It has really helped to engage members and reach people that wouldn’t normally respond to outreach.”

— ABHWV Care Manager

“Moodr has been such a great asset to my daily work routine. I am able to connect with difficult to reach members. I have been able to build rapport with clients that are not always receptive to phone conversations. I cannot imagine my work day minus Moodr. The entire Moodr team is very professional and they care about their customer and product.”

— ABHWV Care Manager

“Moodr is an excellent program, I can’t believe we haven’t been using something like this sooner.”

— ABHWV Care Manager

“This is a great way to reach members in today’s day and time. I think we should be able to reach all members using this platform.”

— ABHWV Care Manager

“I think it’s going to make a huge difference getting members enrolled.”

— ABHWV Care Manager

“People don’t like to answer their phones nowadays. Texting is easy and people are able to see what you’re wanting to discuss with them. I think it will definitely be beneficial for me and everybody across the team.”

— ABHWV Care Manager

“I really haven’t used it enough yet, but it is very user friendly. I’ll probably know more once I’m using it more frequently.”

— ABHWV Care Manager, Full Team Launch

On a Likert scale, 100% of care managers in the pilot responded “strongly agree” to:

- Moodr allows me to connect with patients I couldn’t connect to before.
- I can’t imagine not using Moodr for my day-to-day member connection and engagement.
- I would recommend Moodr to other care managers.

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The Results

The results of this partnership tell two connected stories: what was proven during the pilot, and what that proof made possible.

During the 2025 Early Innovators Pilot, Moodr Health and ABHWV demonstrated that SMS-first engagement could reach a population that traditional outreach had consistently failed to connect with. Moodr Health now actively supports **more than 23,000 ABHWV Medicaid member records**, representing a population that had been largely unresponsive to phone calls, mailers, and member portals.

Pilot Outcomes (2025)

- 23,000+ member records actively supported in platform
- 23% of previously unreachable members engaged via SMS
- 57% increase in care plan enrollment
- 8% increase in care manager engagement with the SUD population
- 74% response rate among already-enrolled members
- 100% platform uptime since launch

Among members with substance use disorders, engagement rates rose from virtually **zero to 22%**. Members who were already enrolled in care plans achieved a **74% response rate**, demonstrating that once trust is established, the platform sustains it. On the care team side, **100% of pilot care managers expressed satisfaction** with the platform and a 9/10 likelihood to recommend it.

These outcomes were not incremental improvements on an existing model. They represented a fundamental shift in what was possible for a care management team trying to reach one of Medicaid's hardest populations. That shift is what drove the January 2026 expansion decision.

Full Team Launch: Early Indicators (January to February 2026)

- 25 new care managers onboarded
- 1,385+ members assigned in platform
- 5,753+ text messages sent
- 9/10 care manager NPS
- 100% platform uptime
- 0 care managers expressing negativity toward the platform

The first eight weeks of the full team launch established a strong foundation. The care management team is engaged, receptive, and actively building Moodr into their daily workflows. The six pilot super-users are serving as internal advocates, demonstrating what sustained high-engagement use looks like and helping newer team members find their footing faster.

Building on these results, ABHWV is expanding the partnership beyond SUD to engage all high- and medium-risk members across West Virginia, extending proven outcomes to broader populations and advancing its value-based care goals. The next phase is where results become fully measurable at scale.