

Improving GI health in Medicare Advantage

Real-world GI and mental health outcomes among adults 65+ using Nerva, mapped to Medicare Advantage quality priorities.

Evidence from **32,652 US Nerva users aged 65 and over**, across HOS, HEDIS DSF-E and member experience priorities.

By the **Nerva Health clinical, data and health plan teams**

85%

reported at least a 30% improvement in their GI symptoms,
measured with paired assessments during real-world program use.



A new quality opportunity for Medicare Advantage

Medicare Advantage plans need practical ways to support physical and mental health and expand depression screening at scale. Nerva creates a way to engage members through a condition they actively seek help for: **persistent gastrointestinal symptoms**.

In a real-world analysis of 32,652 US Nerva users aged 65 and over, thousands completed repeated symptom assessments during the program. Among respondents with paired assessments, **85% reported at least a 30% improvement in their GI symptoms**. Improvements were also observed in abdominal pain and mental health symptoms.

REAL-WORLD IMPROVEMENT, AT A GLANCE

PAIRED ASSESSMENTS, RESPONDENTS WITH BASELINE AND FOLLOW-UP

85%

reported at least a 30% improvement in their GI symptoms

60%

reported at least a 30% improvement in overall GI symptoms

44%

improved by at least three points on PHQ-4

9,012

completed standardized PHQ-2 depression screening

- 01 GI engagement is a route into HOS-weighted outcomes**
Across six tracked GI measures, **85% of paired respondents reported at least a 30% improvement in their GI symptoms**. For plans, this creates a strong outcomes signal to evaluate against HOS physical health, daily function and utilization.
- 02 Depression screening arrives as a by-product of GI care**
9,012 Medicare-aged adults completed PHQ-2 screening inside a program they chose for their gut, with **36.9% screening positive**, exactly as DSF-E enters Part C Stars.
- 03 The evidence is ready for plan-level validation**
Paired, real-world outcomes at population scale mean the next step is not a feasibility study. **A plan partnership can evaluate whether these outcomes translate into contract-level HOS, HEDIS and claims results.**

85% figure: among US Nerva users aged 65 and over with paired baseline and follow-up assessments and calculable change for at least one of six tracked GI symptom measures. A total of 4,009 of 4,714 respondents reported at least a 30% improvement in one or more measures. Each respondent was counted once. Source: internal analysis, July 2026. Other figures use their own eligible denominators.



One in three older adults carries a gut-brain condition. Few have access to scalable support.

Disorders of gut-brain interaction remain common after 65, and they do not read as one line in a claims report. They surface as repeat visits, workups, medication changes and quietly narrowing lives, inside a GI system built to find structural disease.

INDEPENDENT EVIDENCE

31.9%

of adults aged 65 and over met Rome IV criteria for at least one disorder of gut-brain interaction, in a 54,127-person multinational analysis

INDEPENDENT EVIDENCE

34.1%

of US respondents aged 65 and over met criteria; having one was associated with lower quality of life and more healthcare seeking

\$119.6B

in annual US gastrointestinal healthcare expenditure, across all GI conditions

36.8M

ambulatory visits for GI symptoms each year

22.2M

GI endoscopies performed each year

Finding structural disease is the right first job, and an expensive one. The gap appears after the workup: when tests come back clean and symptoms persist, the pathway offers more of the same, because functional GI has long been treated as an absence rather than a diagnosis. The burden does not stay digestive. **Gut symptoms and mental health travel together**, which is why more than one in three Nerva users who screened for depression screened positive, and why this population sits directly under the outcomes Medicare Advantage plans are measured on.

THE GAP

A common, costly condition in older adults, with no dedicated Star measure and limited access to scalable support. That is the opportunity the rest of this paper quantifies.

GI symptoms are a quality issue, not just a digestive issue.

Persistent GI symptoms shape how members feel, function and engage with care, and functional GI has no dedicated Star measure. The burden lands instead on the **whole-person outcomes plans already measured on**. In 2027, both HOS outcome measures carry a Star weight of three, and depression screening joins Part C Stars from the 2027 measurement year.

OFFICIAL QUALITY PRIORITIES

Improving or Maintaining Physical Health

HOS outcome measure. Member-reported physical health and function over time.

3

2027 WEIGHT

Improving or Maintaining Mental Health

HOS outcome measure. Member-reported mental health over time.

3

2027 WEIGHT

Depression Screening and Follow-Up

New Part C measure beginning with the 2027 measurement year and 2029 Star Ratings. HEDIS DSF-E specification.

New

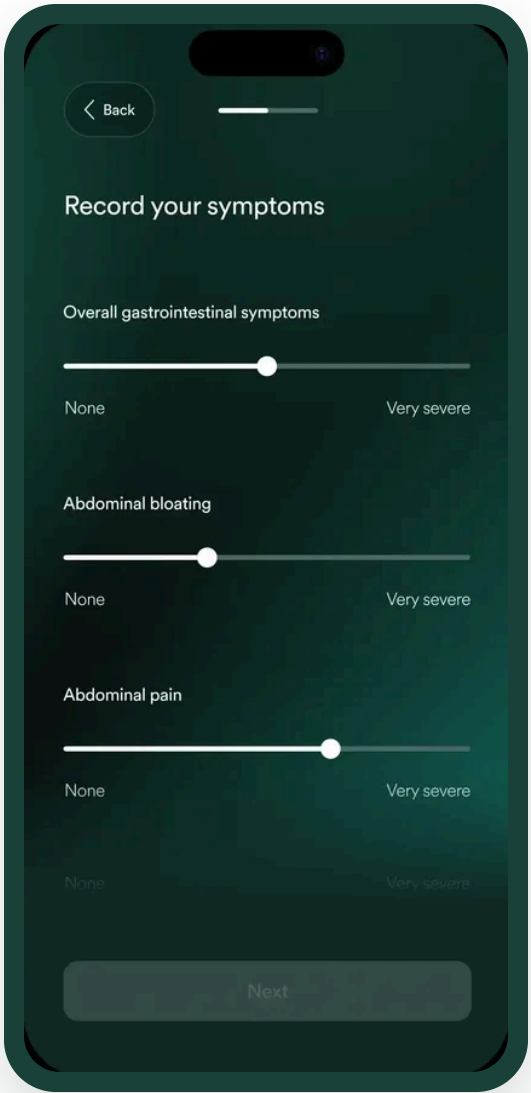
2029 STARS

Plans are measured on whole-person outcomes, not diagnosis silos. Nerva creates a practical setting to engage members and measure changes in GI, physical and mental health outcomes.

Personalized digital digestive care, with screening and escalation built in

Nerva is a personalized digital digestive care program combining **clinical screening, brain-gut behavioral care, dietary guidance, symptom tracking and escalation when needed**. It includes a six-week core program and continued maintenance access.

DAY 0	Program fit and clinical screening A short intake covers fit, conditions and warning signs. Members with red flags route to their provider, never into the program. Baseline symptom measures and PHQ-2 screening are captured here.
DAY 1	First guided session About 15 minutes of guided audio, at whatever time the member picks. Nothing to type, configure or troubleshoot.
WEEKS 1 TO 6	A daily practice One session a day plus a quick symptom check-in, with short education between sessions. Reminders and adaptive support carry the habit.
WEEK 3	Mid-program review Symptoms are reviewed against baseline. Members reporting new warning signs are directed to the appropriate escalation pathway.
WEEK 6	Completion assessment Validated measures of GI symptom severity, abdominal pain, PHQ-4 and experience. This is the data behind every result in this paper.
BEYOND	Maintenance and flare support A maintenance library, flare support and periodic symptom tracking after the core program ends.



The Nerva program: daily symptom check-ins feed the repeated measurement behind the paired outcomes on pages 7 and 8.

Clinical screening and safety

Clinical screening, warning-sign review and escalation are built in, with pathways agreed before launch.

Provider network

A nationwide provider network creates routes for access, referral, continuity and escalation alongside the digital program.

Buyer reporting

Aggregate engagement and validated symptom outcomes support evaluation, member by member.



Older adults are already engaging with Nerva at meaningful scale

Nerva is reaching older adults at a scale that supports credible population-level evaluation. Two evidence pathways run in parallel: program participation, and standardized depression screening.

PATHWAY ONE

Program participation

32,652

US Nerva users aged 65 and over identified

8,768

received paid or no-cost full program access

7,128

completed core program sessions across at least seven separate days

5,021

reached the program completion milestone

4,714 users contributed paired, calculable data for at least one GI symptom measure. Of those, 4,009 met the 30% improvement threshold on at least one measure.

PATHWAY TWO

Depression screening

9,012

completed a baseline PHQ-2 screen

3,325

screened positive at baseline

36.9%

of screened users had a positive result: more than one in three, a measure of how much unmet mental health need travels with GI symptoms

The screening pathway reached a broader population than program completion, creating a foundation that could support HEDIS-aligned screening and follow-up in a plan implementation.

THE PAIRED COHORTS STARTED WITH REAL BURDEN · BASELINE MEANS

65.22

overall GI symptom severity at baseline

55.88

abdominal pain at baseline

5.53

PHQ-4 mental health symptoms at baseline

36.9%

screened positive for depression at baseline

Program participation and depression screening are overlapping analytic populations. Each reported outcome uses its own eligible denominator. Baseline means are among users with paired assessments for each measure.



GI improvement extended across the symptom profile

Among 4,714 users with paired, calculable data for at least one tracked GI symptom, 85% reported at least a 30% improvement in their GI symptoms. Improvement was observed across overall GI symptoms, abdominal pain, bloating, nausea, wind and stool consistency.

85%

reported at least a **30% improvement** in their GI symptoms

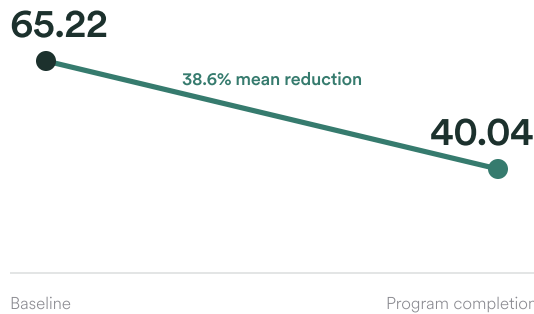
4,009 of 4,714 respondents, improvement on one or more of six tracked measures, each counted once

RESPONDENTS IMPROVING, BY MEASURE

Nausea	61%
Overall GI symptoms	60%
Abdominal pain	59%
Bloating	56%
Stool consistency	55%
Wind	48%

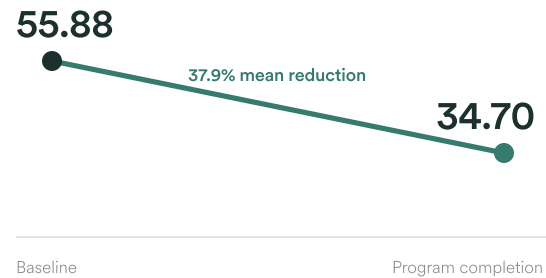
Overall GI symptom severity

Mean score, baseline to program completion · 4,947 users with paired assessments



Abdominal pain

Mean score, baseline to program completion · users with paired assessments



60%

reported at least a **30% improvement** in overall GI symptoms

59%

reported at least a **30% improvement** in abdominal pain

Commercial interpretation

GI improvement was broad across the symptom profile. For Medicare Advantage plans, this supports evaluating whether symptom relief translates into **maintained or improved HOS physical health, daily function and lower avoidable utilization**.

STARS CONNECTION

Closest Star priority	Improving or Maintaining Physical Health
2027 Star weight	3
Plan measurement	VR-12 physical health, function, utilization and claims

85% figure: among US Nerva users aged 65 and over with paired baseline and follow-up assessments and calculable change for at least one of six tracked GI symptom measures. A total of 4,009 of 4,714 respondents reported at least a 30% improvement in one or more measures. Each respondent was counted once. Source: internal analysis, July 2026. Chart figures: within-user change among respondents with paired assessments for each measure; methods on page 12.

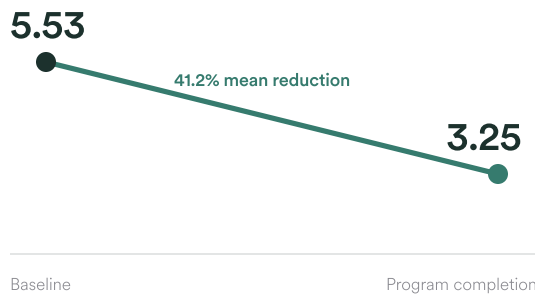


Paired respondents reported improvement in mental health symptoms alongside GI symptoms

Nerva provides a practical setting for symptom-led GI engagement, standardized mental health screening and repeated measurement. This becomes increasingly relevant as CMS adds Depression Screening and Follow-Up to Part C Star Ratings.

PHQ-4 mental health symptoms

Mean score, baseline to program completion · 4,630 users with paired assessments



44% improved by at least **three points** on PHQ-4

Depression screening and symptom change

9,012 baseline PHQ-2 screens **3,325** positive screens

Among baseline-positive users with paired assessments:

72.1%

were below the positive-screen threshold by day 27

69.5%

were below the threshold at program completion

STARS CONNECTIONS

HOS mental health

Improving or Maintaining Mental Health, weight 3 in 2027

Depression screening

HEDIS DSF-E and a new Part C Star measure for 2029

Commercial interpretation

GI engagement becomes a mental health surface: members arrive for gut symptoms and complete standardized depression screening on the way, at a scale plans struggle to reach through outreach alone.

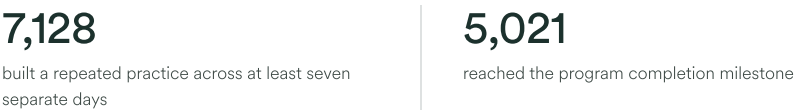
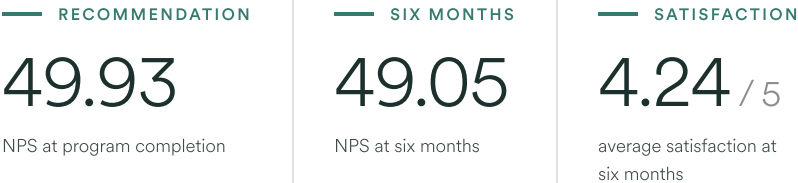
Implementation opportunity

Nerva already captures PHQ-2 screening and repeated symptom measures at scale. In a plan implementation, **plan-defined follow-up, clinical escalation and reporting workflows** can be configured to support DSF-E requirements.



A program members continue to value

Quality programs only work when members participate. Nerva’s experience scores were similar among survey respondents at program completion and at six months, two separate timepoint snapshots relevant to sustained member value.



Nerva combines a largely self-guided digital program with a nationwide provider network, creating multiple routes for access, referral, continuity and escalation.

Strong satisfaction and recommendation scores support Nerva’s role as a **member-facing digestive care program**, not simply a back-end screening tool.

STARS CONNECTION

Relevant plan priorities	Rating of Health Care Quality, Rating of Health Plan and Care Coordination
Plan measurement	A plan deployment can add plan-attributed experience questions and evaluate the relationship between Nerva participation and broader member experience



Largely self-guided, audio-first and built for daily life: the design behind the engagement figures on this page.

Source: internal analysis of program data through July 31, 2026. NPS and satisfaction among survey respondents at each timepoint; engagement figures from the participation pathway on page 6.



From Nerva outcomes to plan quality performance

What has already been observed in Nerva, the role Nerva can play for a plan, and where a plan would measure the result in its own data.

OUTCOME MEASURES

MA PRIORITY	OBSERVED IN NERVA	ROLE NERVA CAN PLAY	PLAN-LEVEL MEASUREMENT
HOS physical health WEIGHT 3 · 2027	85% reported at least a 30% improvement in their GI symptoms. Overall GI severity fell from 65.22 to 40.04, while abdominal pain fell from 55.88 to 34.70.	Address an overlooked source of physical symptom burden that can affect daily activity and function.	VR-12 physical component, functional status, utilization and claims.
HOS mental health WEIGHT 3 · 2027	PHQ-4 fell from 5.53 to 3.25. 44% improved by at least three points.	Support members reporting mental health symptoms through a digestive care program they actively use.	VR-12 mental component and longitudinal HOS-aligned follow-up.

PROCESS AND EXPERIENCE MEASURES

MA PRIORITY	OBSERVED IN NERVA	ROLE NERVA CAN PLAY	PLAN-LEVEL MEASUREMENT
HEDIS DSF-E 2029 STARS	9,012 users completed PHQ-2 screening, with repeated symptom measurement after positive screens.	Provide a setting for standardized screening, with plan-defined follow-up and escalation.	Screening rate, qualifying follow-up within 30 days and auditable ECDS documentation.
Member experience CAHPS-ADJACENT	NPS remained approximately 50 at completion and six months. Satisfaction averaged 4.24 out of 5 .	Offer a digestive care program members value and recommend.	Plan-attributed experience, access and care-coordination questions.

THE POINT

Nerva gives plans a member-selected route into measurable GI, physical health and mental health outcomes, with depression screening embedded inside the program.



From member identification to plan-attributed results

A plan implementation runs as one continuous pathway, from finding the members who need functional GI care to reporting results a quality team can use. Every step below is configured with the plan before launch.

01	Identify members	Find members experiencing persistent GI symptoms through plan data, provider referral or member self-identification.
02	Deliver the program	Nerva's personalized digital digestive care program, with a six-week core program, continued maintenance access and agreed escalation pathways.
03	Screen for depression	Standardized PHQ-2 screening at baseline, inside a program members joined for their gut.
04	Follow up on positive screens	Configure and document plan-defined follow-up under the plan's clinical protocols, with reporting designed to support DSF-E requirements.
05	Measure outcomes	GI symptoms alongside HOS-aligned physical and mental health measures, captured repeatedly through the program.
06	Link to plan data	Connect participation and outcomes to plan eligibility, utilization and claims.
07	Report by contract	Results by contract, population and implementation channel, in the format a quality team needs.

OUTCOMES TO EVALUATE

Quality HOS physical health, HOS mental health and DSF-E screening and follow-up.	Clinical GI symptom severity, abdominal pain, mental health symptoms and daily function.	Experience Engagement, completion, satisfaction, access and care coordination.	Economic Utilization, total cost of care, avoidable escalation and return on investment.
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About this analysis

DESIGN	Retrospective observational analysis of deidentified historical data, collected as part of real-world program use.
POPULATION	US Nerva users who were aged 65 or older at signup . Program participation and depression screening are overlapping analytic populations.
DATA	Deidentified program data through July 31, 2026 , analyzed internally.
INSTRUMENTS	Repeated assessments of overall GI symptoms, abdominal pain, bloating, nausea, passage of wind and satisfaction with stool consistency; PHQ-2 depression screening; PHQ-4 combined depression and anxiety scale; NPS and satisfaction surveys.
OUTCOME ANALYSES	Each analysis included users with the required baseline and follow-up assessments. Results represent within-user changes among respondents with paired data , and each reported outcome uses its own eligible denominator.
GI RESPONDER ANALYSIS	The GI responder analysis included 4,714 users with valid baseline and follow-up assessments and calculable percentage change for at least one tracked GI symptom. A responder reported at least a 30% improvement in one or more measures. Each user was counted once; 4,009 met the responder definition.
PROGRAM	Nerva is a personalized digital digestive care program with a six-week core program and continued maintenance access. Program outcomes were self-reported.
AUTHORS	Prepared by the Mindset Health clinical, data and health plan teams.

How to interpret the findings

The analysis describes real-world, self-reported changes in GI and mental health symptoms among Medicare-aged Nerva users with paired assessments. It does not calculate an MA contract's official HOS, DSF-E, CAHPS or Star result. Those measures require plan eligibility, official specifications, plan-attributed data and, for HOS outcomes, longitudinal follow-up. **The next step is plan-level validation using those measures.**

Data source

- Internal analysis of deidentified program data through July 31, 2026.

Official measure sources

- CMS 2027 Star Ratings Measures and Weights.
- CMS Medicare Health Outcomes Survey.
- CMS Contract Year 2027 Medicare Advantage and Part D Final Rule.
- NCQA Depression Screening and Follow-Up for Adolescents and Adults.

External evidence sources

- Sperber et al. Alimentary Pharmacology & Therapeutics, 2024. Rome IV survey prevalence, 54,127-person multinational analysis.
- Busby-Whitehead et al. Journal of the American Geriatrics Society, 2024. US prevalence aged 65 and over; quality-of-life and care-seeking associations.
- Peery et al. Gastroenterology, 2022. Burden and cost of gastrointestinal disease in the United States.

This report describes observed program measurements and official measure definitions. It does not claim an achieved Star Rating, HEDIS or CAHPS result, and CMS and NCQA have not reviewed or endorsed it. External prevalence and cost figures describe the whole GI category, not any plan's Nerva-eligible population. Nerva complements medical care and does not replace diagnosis, medication or clinical supervision. Photography from the Nerva brand library; images depict models, not Nerva users.

Nerva is a personalized digital digestive care program from Mindset Health. Medicare Advantage white paper, August 2026. 85% figure: among US Nerva users aged 65 and over with paired baseline and follow-up assessments and calculable change for at least one of six tracked GI symptom measures; 4,009 of 4,714 respondents reported at least a 30% improvement in one or more measures, each counted once. Source: internal analysis, July 2026.

Build the Medicare Advantage evidence base with Nerva.

Real-world symptom improvement already exists at scale. The next step is to evaluate how it translates into HOS, HEDIS and claims outcomes for a Medicare Advantage population.

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their GI symptoms

44%

improved by at least three points
on PHQ-4

9,012

completed standardized
depression screening

32,652

US Nerva users aged 65 and over
in the analysis

**Start with a plan-specific pilot and outcomes
evaluation.**

Nerva health plan team

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