Centene Advanced Behavioral Health

White Paper

Achieving Whole Health Through Behavioral and Physical Health Integration

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The connection between physical and mental health is widely known throughout the healthcare community and has long been a topic of discussion. Yet, fragmentation in delivering integrated healthcare continues, costing the country billions in healthcare expenditures and countless lives lost each year. Because of the mind-body linkage, when a mental health condition is present, physical health can be impacted directly or indirectly. The reverse is also true: physical health conditions can negatively affect mental health. Data shows 1 in 5 Americans have a diagnosed mental health disorder[1], and 6 in 10 adults have a chronic disease to manage.[2] An estimated 50% of uninsured adults and 39% of insured adults seeking behavioral health treatment self-reported being in poor physical health[3], further supporting the significance.

If not treated concurrently, the likelihood of co-occurrences of physical and mental health conditions increases, as does the adverse effect to the individual's quality of life. Further, those struggling with health concerns often experience lifestyle risk factors such as lack of exercise, smoking and increased alcohol consumption, unhealthy diet, and decreased social interaction. While all negatively impact one's wellbeing, loneliness and social isolation have been linked to increased mortality risk and decreased treatment success of both mental and physical health conditions.[4] Compounding that, rates of substance abuse and suicide are also higher for individuals suffering from both a physical and mental health condition.[5]

In addition to the impact on individuals' lives, the financial impact of not addressing cumulative health conditions is substantial. Medical costs for those members with chronic physical and comorbid mental health/substance use disorder (SUD) conditions are two to three times higher on average compared to costs for those individuals who don't have comorbid mental health/SUD conditions.[6] The cost of mental health treatment and services in the U.S. topped $225 billion, a 52% increase in a 10-year period.[7] Annually in the U.S., depression alone is estimated to account for losses in excess of $44 billion in workplace productivity.[8] For people managing both a physical and mental health condition, the cost of care is immense when taking into account physical health follow-up, therapies, and medication. In the U.S. as many as 70% of primary care visits are driven by members with psychological concerns, such as anxiety, depression, and stress,[9] yet nearly 60% of adults with a mental health condition did not receive treatment for that condition in the previous year[10]. By effectively integrating medical and behavioral services, an estimated $38 to $68 billion can be saved annually in the U.S.[11]

As one of the largest Managed Care Organizations in the country serving some of the most vulnerable populations nationwide, Centene is committed to investing in innovations and partnerships, and influencing national and state policy to support behavioral and physical health integration efforts. The following are considerations and recommendations for payers in this pursuit.

In the US, up to **$68 billion annually** could be saved by **integrating physical and mental health care**

Recommendations

CONDITION-SPECIFIC COORDINATION

Co-occurring mental disorders can worsen the course of chronic diseases.[12] Conversely, there are many physical conditions that can impact an individual's mental health causing stress, depression, anxiety, and even addiction, inhibiting the ability to manage not only physical recovery but emotional wellbeing. Advancements have been made in best practice models to effectively coordinate between mental and physical healthcare, but to implement consistently, appropriate financing, legislation, and policy support are required. Payers have an opportunity to positively impact integrated care efforts to reduce unnecessary healthcare expenditures and improve health outcomes for members. While all individuals benefit from a whole health approach, this integration is imperative for certain conditions and diagnoses.

- **Pain Management:** Persistent physical pain can trigger responses such as sleeplessness, anxiety, and depression, which in turn, can yield more pain – creating an adverse spiral affecting individuals both physically and mentally. Back pain is the most prevalent pain condition and generally is treated in a primary care setting. To address, opioids are frequently prescribed as part of treatment. Opioids prescribed in accordance with clinical best practices and in cooperation with a comprehensive pain management plan can be effective, but lack of care coordination can exacerbate an already existing addiction. Chronic pain and SUDs have similar effects on physical and emotional health.[13] An estimated 10% of chronic pain patients misuse opioid prescriptions.[14] Chronic pain takes time to treat and the longer an individual uses opioid therapy and the higher the dosage, the higher the risk for developing an opioid use disorder (OUD) and overdose.[15]

  Fragmented care delivery, where medication is prescribed in a primary care setting without a full view of an individual's past mental health or medication history, can actually exacerbate the physical health condition that is the focus of treatment. The reality that the majority of behavioral healthcare is not provided by behavioral health specialists, but by primary care physicians, requires innovative approaches to educate physicians regarding opioid prescribing patterns and best practices to encourage alternative treatment options that can help mitigate SUD relapse and OUD. Concerning rates of opioid misuse and addiction among those with chronic pain further support the need for provider education, pre-treatment mental health and SUD screening, and ongoing monitoring.

  - Centene's OpiEnd™ program utilizes proprietary analytic intelligence tools to identify at-risk members for potential opioid misuse. The program aims to help members effectively manage pain and prevent opioid misuse through use of data-driven integrated care management and member education, pharmacy policies, provider engagement, and community outreach interventions. The coordination of these integrated services minimizes inappropriate and excessive use of opioids to prevent the occurrence or exacerbation of an OUD. Providers, care managers, and members are educated on effective pain relief options to decrease the risk of developing an OUD and increase treatment and recovery success for those already diagnosed.
  - To increase the number of network providers able to treat OUD with medication through medication assisted therapy (MAT), Centene Advanced Behavioral Health collaborated with ASAM to provide continuing education through their Treatment of Opioid Use Disorder course. These trainings helped more than 250 prescribers across the country gain expertise in assessing members for the full spectrum of opioid misuse including identification of opioid misuse and how to initiate, stabilize, maintain, monitor and modify the treatment of members on buprenorphine or naltrexone. The trainings served as a roadmap for education in prescribing buprenorphine until the change in legislation issued by Health and Human Services in April 2021, which exempts eligible physicians and practitioners from needing to obtain a waiver to treat up to 30 individuals with buprenorphine.

» **Maternity Care:** Research shows that more than 50% of pregnant individuals experience worry and anxiety,[16] and 20% of pregnant individuals are diagnosed with a mood or anxiety disorder during the gestation and postpartum periods.[17] Whether symptoms of depression occur at the onset of pregnancy or are a continuation of a previous history, managing depression during pregnancy is critical. Physical effects of anxiety and depression can significantly impact overall health, including complications with the digestive, immune, and cardiovascular systems.[18] Individuals with a history of depression prior to pregnancy are at a higher risk of postpartum depression, and those who experience postpartum depression have 90% higher healthcare costs.[19]

  » Centene is committed to improving maternal and infant health. The Start Smart for Your Baby® program aims to improve obstetrical and pediatric care services and reduce pregnancy-related complications, premature deliveries, low birth weight deliveries, and infant disease. The program's multi-faceted approach to improving prenatal and postpartum care includes enhanced member outreach and an extensive suite of wellness materials that address both the physical and mental health aspects of pregnancy. Intensive care management, provider collaboration, and support of the appropriate use of medical and mental health resources further encourage a healthy pregnancy and recovery.

For those already managing an SUD, or who take a medication regimen for a mental health disorder, the immediate discontinuation of a medication can cause additional physical and mental harm. Medication Assisted Treatment (MAT) is a recommended best practice for the care of those who are pregnant with an opioid use disorder.[20] MAT encourages a whole health approach using a combination of medication with counseling and behavioral therapies. Opioid use disorder during pregnancy has been linked with serious negative health outcomes for both pregnant individuals and their developing babies, including preterm birth, stillbirth, maternal mortality, and neonatal abstinence syndrome (NAS). Coordinated treatment of physical and behavioral health conditions is essential in order for treatment to be effective and allow for a healthy birth.

  » Centene's Strong Beginnings™ program supports pregnant members at-risk for SUD by integrating approaches across the prevention-to-treatment continuum. Initial outreach to at-risk members includes screening for substance use with a validated screening tool, consistent with The American College of Obstetricians and Gynecologists' recommendation, and if indicated, a substance use assessment to identify treatment options and barriers or gaps for future care coordination. Members are then paired with care managers who facilitate access to resources, including connection to skilled providers. This holistic care approach ensures new or existing physical side effects and mental health concerns are monitored, and access to MAT and harm-reduction education is promoted, which ultimately improve the health of the pregnant individual and baby.

» **Chronic Medical Conditions:** Evidence supports a bidirectional relationship between behavioral health conditions and chronic medical conditions, such that chronic medical conditions can lead to onset of new, or exacerbation of existing, mental health and substance use conditions. Conversely, these behavioral

Those who experience postpartum depression have **90% higher healthcare costs**

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health conditions can increase the risk of developing chronic medical conditions. For instance, mental health disorders such as depression, anxiety, and post-traumatic stress disorder can develop after cardiac events. Pain, fear of death or disability, and even financial concerns associated with the event contribute to the mental state of those recovering from heart conditions.[21, 22] Conversely, anger and elevated levels of stress can act as a trigger for a heart attack. Lifestyle habits are a key contributor to a number of cardiovascular and mental health conditions. Poor eating habits, smoking, alcohol misuse, and a sedentary lifestyle can not only lead to cardiovascular complications, but required changes to these habits after a cardiovascular event can also cause frustration and even depression for individuals in recovery. Collaboration between physical and mental health providers offers opportunity to circumvent potential barriers to recovery.

For a disease like diabetes that requires constant monitoring and lifestyle maintenance, stress and anxiety frequently occur. Up to 50% of people with diabetes experience diabetes distress[23], which unlike depression, is a direct result of factors related to diabetes. This distress can trigger unhealthy habits like unwillingness to check blood sugar or deviation from diet recommendations that can affect physical health. Serious health conditions including blindness, amputation, heart disease, stroke, kidney damage, and nerve damage can occur if diabetes is not effectively managed. Changes in blood sugar can cause alterations in mood, fatigue, and feelings of anxiety, making it difficult to discern a mental health condition from blood sugar irregularity. This makes screening for depression in individuals with diabetes an important component to management of this disease to encourage continued commitment to treatment plans and determine if a recommendation is needed to help an individual manage a mental health condition. Additionally, people with type 1 diabetes are twice as likely to have disordered eating.[24] The added responsibilities of managing a disease like diabetes can have a significant effect on how individuals perceive and manage their food intake. Early interventions including consulting with dietitians and others who have successfully managed their diabetes can be instrumental in avoiding physical side effects and managing the mental fatigue associated with the disease. This stress can make adherence to a diabetes maintenance routine more difficult. People with diabetes are 2 to 3 times more likely to have depression than people without diabetes. Only 25% to 50% of people with diabetes who have depression get diagnosed and treated.[25] The American Diabetes Association standards of care recommend that treatment teams include a mental health professional possessing expertise with the disease and for individuals to be regularly screened.[26]

» Within its chronic conditions management programs, Centene includes behavioral health screenings as part of comprehensive assessments and education for enhancing self-care skills. Developed for members with chronic conditions including diabetes, asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), coronary artery disease (CAD), and hypertension, the programs focus on three key areas to improve whole health and reduce emergent utilization and inpatient admissions: care management, member engagement, and provider education. The integrated approach aims to increase medication adherence, remove barriers to care, and increase member knowledge for improved self-management of their condition(s).

Through the use of evidence-based care alerts for care managers and promotion of flu vaccinations, smoking cessation, and other healthy behaviors to members, the program provides a proactive approach to physical and behavioral healthcare, empowering members to take an active role in their overall health.

» **Behavioral Health Conditions:** When caring for those living with mental health conditions, physical health impacts of the condition or treatment of the condition must be taken into account. The median life expectancy for an individual with severe mental illness is 10-25 years less than those without, with a vast majority of these deaths attributed to chronic medical conditions such as cardiovascular diseases, respiratory diseases, diabetes, and hypertension.[27] By integrating care, those with mental health conditions are more likely to get the preventive services and treatment they need for their physical health conditions.

For those in the child welfare system, there is increased risk for mental health disorders, as well as physical health problems,[28] making whole health for this vulnerable population critically important. Suicide is the second leading cause of death among teens in the U.S., and children in foster care are almost three times more likely to contemplate suicide than their peers who have not been in foster care.[29]

» In partnership with the Zero Suicide Institute, Centene piloted Zero Suicide Framework tailored specifically to children served in the state child welfare system in Washington. Through appropriate screening and safety planning by behavioral and medical health plan staff, children are referred to behavioral health providers in their community for treatment in an effort to prevent suicide in this vulnerable population. Based on the success of the pilot project, Centene is expanding the Zero Suicide Framework to six additional states serving children and youth impacted by the child welfare system.

Further evidence of the mind-body connection is found in the fact that mental illness has been shown to cause changes in circadian rhythms and hormone balance, which can lead to physical health concerns. Compounding this, psychiatric medications can result in a host of physical side effects including weight gain, dyslipidemia, and increased susceptibility to diabetes.

» Having the right medication support can help vulnerable behavioral health populations achieve a better quality of life, reduce behavioral health hospitalizations, and remain in their communities and social support network. To accomplish this, Centene Advanced Behavioral Health's Behavioral Health Medication Monitoring (BHMM) program monitors prescribing patterns and outreaches physicians to encourage medication selection, dosing, and overall treatment all align with clinical best practices found in research in the recommendations of professional bodies. Centene's highly trained clinicians employ a number of clinical parameters to review member records to ensure appropriateness. Additionally, necessary lab work is obtained, and metabolic labs and assessments are completed for members on antipsychotic medications to enable early identification for potential comorbidities. These reviews are completed by Behavioral Health Medical Directors who, in turn, work directly with providers, while focusing on whole person care and improved care practices.

70% of behavioral health concerns are treated in a **primary care setting**

Our program **Direct2Care** connects physical and behavioral health care to **close gaps** and improve **whole health**

PROVIDER SUPPORT

With 70% of behavioral health concerns being treated in a primary care office,[30] health screenings outside of specialists' walls are an important component to integrated care. It is vital that primary care physicians (PCPs) feel knowledgeable and have the tools needed to identify and refer members to care if a mental health or substance use concern is present. Additionally, providing PCPs with seamless ways to access and consult behavioral health professionals as they help members navigate care improves coordination of care, while reducing stigma associated with seeking specialty behavioral health treatment. Support for these clinicians is essential to the adoption and implementation of a collaborative, whole health approach.

- **Collaborative Care Model:** The Collaborative Care Model is a proven means of integration, having demonstrated its ability to control costs, improve access and clinical outcomes, and increase member satisfaction in both rural and urban settings.[31] The model fosters improved mental and physical health coordination through an integrated approach in which primary care providers, care managers, and psychiatric consultants work together to provide care and monitor progress. By providing behavioral healthcare in a primary care or school-based setting, barriers such as access and stigma can be reduced or even eliminated. The Collaborative Care Model can be facilitated through billable codes inclusive of member engagement and assessment, progress tracking toward treatment goals, and consultation.
  - Integration at the practice level requires significant investment in integrated workflows, documentation, and electronic health record maintenance. Payers can support providers in recognizing the appropriate fee-for-service billing codes, or by contracting to reimburse through alternate payment models to help alleviate costs through value-based care.
  - Educational resources for providers such as Centene Advanced Behavioral Health's HEDIS® Provider Toolkit deliver training on behavioral health measure specifications, treatment recommendations, diagnostic codes, and service codes applicable to each of the measures with the goal of improving the quality of behavioral health treatment among at-risk member populations.

- **Technology:** Technology can aid in the coordination of physical and behavioral healthcare, and help address access concerns and stigma. Payers are becoming more sophisticated in their ability to detect behavioral health conditions in individuals with physical health needs through utilization patterns, predictive modeling, and artificial intelligence. To further this, payers can explore partnerships with technology leaders to enhance information sharing which is critical to successful integrated care. The use of digital platforms that enable providers to view a members' health history can help better inform care, as well as provide access to virtual solutions that promote care coordination.
  - Centene Advanced Behavioral Health's Direct2Care program leverages analytics to proactively identify members diagnosed with a behavioral health condition in a primary care setting who have not yet received needed behavioral health services. Through the program's targeted

outreach, members are engaged directly to assist them in accessing evidenced-based care. Direct2Care contributes to simplified and improved collaborative care between PCPs and behavioral health specialists, as well as HEDIS® gap closure for multiple measures, including those that span both behavioral health and primary care.

- Stigma surrounding SUD, as well as other mental health concerns, is a major barrier to treatment that can exacerbate both associated mental and physical conditions. TeleBH allows members to access behavioral health treatment from their own homes, not only alleviating stigma but also improving access for those in under-served areas with shortages of providers or specialists. Using interoperable TeleBH platforms can increase coordination with the entire provider team and better connect members to care that addresses both mental and physical health concerns. For example, Centene has implemented Quartet's HIPAA-compliant technology platform to integrate with Centene's population health platform, making it easier for Care Managers and Utilization Managers to connect members to behavioral healthcare providers, track member progress, and collaborate with the full provider team.

- **Training:** College education, graduate and medical school training programs, and residencies all struggle to define an optimal integrated training model to prepare future healthcare professionals to naturally operate in an integrated framework. An integrated model of disease, diagnosis, and treatment that goes beyond multidisciplinary rounds must be taught. Best practices from payers can help build teaching frameworks for the next generation of healthcare professionals.
  - Almost half of individuals who die by suicide were seen by their primary care provider in the prior 30 days. By providing suicide prevention training to PCPs, lives can be saved. With support from Centene, the Association of Clinicians for the Underserved (ACU) developed and piloted a Suicide Safer Care curriculum and toolkit to train primary care providers on suicide risk assessment and intervention. By implementing training programs that encourage holistic care, best practices in treatment and collaboration can be established.
  - To help providers gain skills in recognizing common behavioral health symptoms, Centene Advanced Behavioral Health maintains a comprehensive library of online screening trainings covering topics such as depression, suicide risk, member needs assessments, and substance use. These trainings are made available to health plan partner staff and provider networks as part of Centene's commitment to early identification and coordination of care between physical and mental health providers.

Centene Advanced Behavioral Health provides trainings for clinicians on a variety of evidence-based treatments, best practices, screening tools, and other methods of enhancing care to improve health outcomes and promote integrated, holistic care. Multiple training modules educate physical and behavioral health providers on the coordination of services, integrated care, social determinants of health, cultural competency, positive psychology, and motivational interviewing. Additionally, tailored training curriculums, specific to

Our **evidence-based provider training** guides identification, prescribing, and treatment to **enable whole person care**

some of the most vulnerable populations frequently at-risk for both mental and physical health conditions, are also offered.

- Centene Advanced Behavioral Health's Long Term Services and Supports (LTSS)/Long Term Care (LTC) team, in partnership with Centene's state health plans, trains providers, the community, and caregivers who serve these members in nursing facilities, assisted-living facilities, at home, and in the community. Trainers provide evidence-based courses with a focus on topics that look at a full range of needs for this population including, caregiver stress reduction, behavior management, caring for members with dementia , fall prevention, as well as abuse, neglect, exploitation and reporting standards. This program's goal is to facilitate access to high-quality services to promote independence and quality of life.
- The Foster Care & Child Welfare training team from Centene Advanced Behavioral Health trains foster/kinship parents, providers, child welfare caseworkers and advocates, judges, law enforcement, educators, and others involved in child welfare, the foster care/adoption system, on specialized initiatives for children. Courses are offered in partnership with Centene's state health plans to provide appropriate, cost-effective, and coordinated care specifically aimed at the needs of this population such as health plan-covered benefits and clinical topics including a focus on trauma's impact on emotional and physical development.

- **Value-based Contracting:** Value-based contracting (VBC) focuses on making sure members receive the right kind of care at the right time in the right place. By having milestones along the member care journey, providers are incentivized for achieving holistic outcome-focused goals, reimbursing providers for results and the use of best practices. As part of that journey, physical and mental health can be interlinked to ensure members are receiving the most appropriate care for their needs, and reducing unnecessary hospital or emergency department visits, whether for behavioral or physical health concerns. Pay for performance can be structured in a way that further incentivizes and rewards providers for working closely together to achieve the best outcomes for members. VBC creates visibility regarding member progress and gaps in care that may need to be addressed. There are several HEDIS measures that require screening of chronic medical conditions for those with severe mental illness, encouraging integrated care that improves health outcomes.
  - Centene Advanced Behavioral Health's value-based collaboration program employs a custom payment model designed in partnership with the mental health provider community. Aligned in providing whole person, coordinated, and high-quality care, the VBC model incentivizes behavioral health providers for member engagement, outcomes monitoring, and condition management. The digital platform equips providers with technology and data support allowing for seamless management of progress, assessments, and referrals. This results in an integrated approach to case management and utilization management that addresses both physical and mental health needs while decreasing hospitalizations and unnecessary emergency department use.

FEDERAL & STATE POLICY RECOMMENDATIONS

A spotlight continues to shine on the need to address mental health and SUD, placing behavioral health funding and policy at the top of the public health agenda. Proper investments and policies must address integration efforts and recognize the impact to providers, members, and overall healthcare cost. Based on the insights Centene has gained through experiences in administrating both physical and behavioral health benefits through government-funded healthcare programs, the following are considerations for payers and policy-makers as they look to support recent policy changes and pursue new innovations and partnerships for integrated care.

- The Mental Health Parity and Addiction Equity Act (MHPAEA) requires payers to ensure medical and behavioral health services are provided equally, eliminating historical inequities that served as a barrier to people with mental health and substance use conditions from accessing care. The Medicaid Managed Care update includes amendments that allow for improved health information sharing, which is a critical component to integrated care models. The spirit of MHPAEA ensures that benefit structures, and access of those benefits for behavioral health conditions, are on par with medical conditions, which serves as a foundation for achieving integrated care. There are many opportunities for state and federal governments to improve standardization of compliance templates

and processes so that payers can more readily ensure compliance to achieve these goals.

- Some states have adopted policies providing Medicaid coverage after birth for up to 12 months thereby providing access to both mental and physical health coverage that fosters healthy choices and habits for both the individual and child. Research supports that this expansion of benefits improves health for infants, and by extending coverage after birth, individuals are better able to access additional postpartum care including treatment for depression helping reduce adverse health outcomes and racial disparities in maternal and infant health.[32] Centene supports the extension of postpartum Medicaid coverage across all states up to 12 months postpartum given the potential for improved health outcomes. Centene is supportive of what was included in the American Rescue Plan Act of 2021, allowing for greater flexibility for states to extend postpartum coverage. Centene is pursing analytic support at the state and federal level to advocate for implementation of this policy change.
- The opioid crisis that is gripping the nation calls for an immediate need for physical and mental health providers to work together. Centene, in cooperation with 60+ industry organizations, call on the Health and Human Services Administration to eliminate the DEA X-Waiver requirement that is needed in order to administer, dispense, and prescribe buprenorphine as an OUD medication assisted treatment. While the waiver requirement was recently loosened, eliminating the X-Waiver has greater potential to save lives and make a true impact in addressing the opioid crisis. Payers can call upon Congress to include provisions to increase SUD education for all DEA-licensed prescribers in order to increase early identification and treatment. MAT is not only prescribed by Psychiatrists but Primary Care Physicians as well. This is especially true in more rural areas where access to Psychiatry is limited.
- As a result of COVID-19, social isolation, unemployment, and diversion of public health resources have continued to amplify the drug crisis.[33] An important part of responding to the COVID-19 pandemic is to simplify coordination of care for SUDs, which ultimately prevents gaps and expands access to care.[34] Payers can voice their support of amendments to privacy laws such as CFR 42 part 2 which, if implemented, will improve and simplify care coordination. For example, disclosures for the purpose of "payment and healthcare operations" are permitted with written consent and have been expanded to include care coordination and case management activities further encouraging collaboration by removing information sharing barriers. Additionally, non-opioid treatment programs and non-central registry treating providers are now eligible to query a central registry in order to determine whether a member is already receiving opioid treatment through a government-funded program. This not only prevents duplication in services but prevents duplicative prescriptions mitigating adverse drug events related to SUD treatment.
- The American Rescue Plan Act of 2021 made investments in a number of key mental health services. Significant funds were provided for substance abuse prevention and treatment funding, the expansion of Certified

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Community Behavioral Health Clinics, and the Provider Relief Fund for providers in rural areas and those serving rural communities. Additional dollars were allotted for mental health programming including addiction services, workforce education and training, suicide prevention, and public education campaigns. Continued support of providers and community health centers that treat individuals with both mental and physical health needs will be essential to enable interoperability that allows for integrated care, to increase access, and to address provider shortages.

Summary

Payers play a significant role in helping individuals achieve whole health. Integrated care offers greater opportunities for primary care providers, medical specialists, and behavioral health providers to work together to reduce the impact of mental and physical health comorbidities, improve overall health outcomes, and lower healthcare costs. Payers can position themselves as advocates for whole health through continued investment in public health initiatives and support for legislation that encourages expansion and adoption of technology capabilities that make health information sharing easier and reduce obstacles to provider collaboration. Additionally, continued advancements in value-based contracting and adoption of CPT codes that promote behavioral healthcare coordination will advance physical and behavioral healthcare integration. Centene is committed to partnerships and policies that catalyze integrated care and drive improved whole health outcomes for those we serve.

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