

Centene Advanced Behavioral Health

White Paper

Advocating for the Mental Health of Medicare Recipients

For more than 50 years, Medicare has provided essential health insurance coverage to a large portion of the US population. In 2021, it was estimated that more than 63 million received Medicare benefits.

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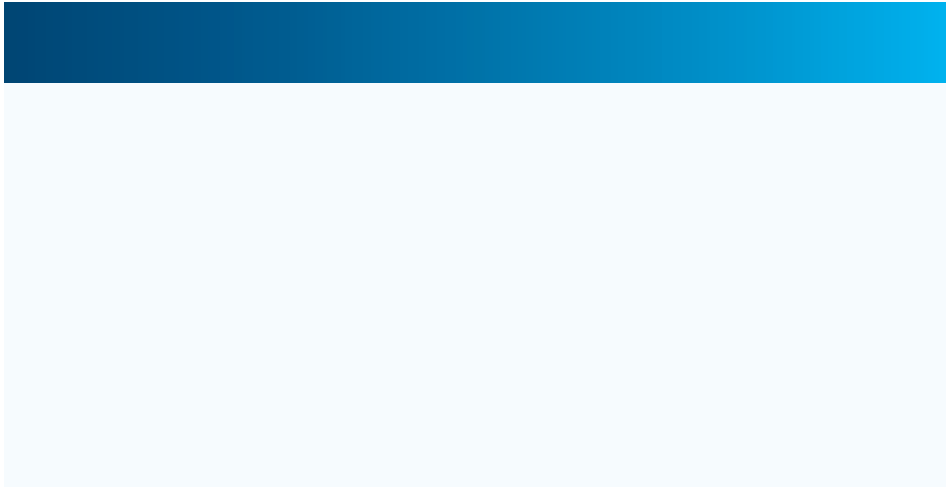
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Numerous studies show that chronic medical conditions can result in mental health distress, hindering not only physical recovery but emotional wellbeing. As individuals age and encounter increased physical challenges, they may also be less likely to actively participate in their recovery. By integrating care efforts, payers can help reduce unnecessary healthcare expenditures and improve health outcomes for members. While all individuals benefit from a whole health approach, integration is essential as people age because they may be more likely to experience multiple comorbidities.

Cardiovascular disease impacts more than 43 million individuals who are age 60 or older, with heart disease and stroke in the top four causes of death for those age 65 and older.⁸ After a cardiac event, individuals may experience mental health conditions such as depression, anxiety, or post-traumatic stress disorder. Additionally, those recovering from a heart-related condition may endure pain, fear of death, physical limitations, and even financial concerns – all of which impact mental state.⁹ “Among cardiac patients 75 and older, nearly 60% have some type of cognitive impairment.”¹⁰ Research has shown that those with dementia or mild cognitive impairments are less likely to receive needed cardiac care.¹¹

More than 16% of those age 65 and over are affected by mild cognitive impairment, which can impact individuals’ ability to live independently or clearly reason.¹² Because changes in memory and thinking may be subtle, impairment that can develop into dementia is not always diagnosed. In the US, more than six million adults over age 65 “are

- » Centene has embarked on a partnership with San Diego State University's Center for Excellence in Aging & Longevity to address multiple issues that impact the wellbeing of older adults and their caregivers. As part of this, The Wellness Club was established to provide a whole health approach to navigating current and emerging challenges including social determinants of health barriers, isolation, and the need to return to a focus on mental and physical health and wellness in the wake of COVID-19. The Wellness Club uses a peer navigator approach to connect older adults with trained peers who provide guidance, resources, and support. Additionally, through its intergenerational component, university students are connected with older adults to encourage healthy interactions and foster companionship. These pairings also allow for educational opportunities that address the digital divide and strengthen older adults' comfortability with technologies that can assist in maintaining and achieving wellness as they age.
- » Centene remains committed to partnering with federal and state governments to support affordable and accessible vaccines, treatment, and testing to protect communities from the continued impact of the pandemic. Because vaccination is imperative to curtailing the spread of this virus and the associated mental health impact, and because older populations were at higher risk of illness, the Centene Charitable Foundation



Compared to adults age 50-64, those age 65 or older reported they were more likely to “rarely” or “never” receive emotional support needed.²³ Depression and anxiety are widespread among older adults, and anxiety may be underestimated because they are more likely to focus on reporting physical issues versus mental concerns. One of the reasons for this underreporting is that older individuals may not feel comfortable with discussing their mental state or distress. This generational stigma associated with behavioral health may discourage them from seeking help.

- » Payers can help to prevent worsening of mental state by supporting providers, care managers, community health workers, and community partners to better educate the members they serve to maintain mental wellness and resiliency, address stigma, and offer evidence-based self-help resources. Education, awareness, and anti-stigma messages normalize the difficulties many are experiencing thereby encouraging people to seek help to address symptoms they may observe in themselves or their loved ones. Payers should also ensure websites and materials have easy-to-access resources specific to this population and their caregivers and are sensitive to cultural and linguistic preferences.

By referring members to evidence-based, age-friendly care that can help with early symptom management and prevention of disorders, payers can increase access without stigma and begin to proactively change perception of behavioral health care.

Using a balance of technology and human connection in a three-market pilot, C (I)11.4110.1 ncese0 Ta-10.pnp.5.5hnc0 chad7ce6.

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- » It is important for payers to advocate for better technology infrastructure in rural areas. Organizations should continue to bolster infrastructure to strengthen delivery of telehealth for both providers and members, and payers should ensure robust provider networks that provide both in-person care and telehealth treatment.

DUALLY ELIGIBLE

Individuals who receive both Medicare and Medicaid benefits, whether due to age or disability and low income, are considered dual eligible. In 2020, more than 12 million Americans were dually eligible, and accounted for a disproportionate amount of Medicare and Medicaid spending.²⁵ Within Medicare, dually eligible individuals constitute 20% of those enrolled yet 34% of spending, and within Medicaid, duals represent 15% of those enrolled yet 32% of cost.²⁵ Americans with disabilities under age 65 account for approximately 8% of the population, but that percentage nearly doubles within the Medicare population.²⁶

Dually eligible beneficiaries often endure increased mental and physical health concerns and social risks compared to other Medicare members. Because of the increased need for care, Medicaid coverage is critical to supplement Medicare for low-income beneficiaries, providing services that are not covered through Medicare alone. According to Centers for Medicare and Medicaid Services (CMS), 60% of dually eligible beneficiaries have more than one chronic condition, 41% are diagnosed with a mental health condition, and 49% require long-term care services and supports (LTSS).²⁷



further interventions. In 2020, 41% of members enrolled in the program were able to safely reduce the number of prescribed medications while improving overall health.

Because dually eligible beneficiaries receive coverage from both Medicare and Medicaid and often have complex needs due to mental, physical, and socioeconomic challenges, coordinating care and benefits can be complicated. Further, it has been reported that uncoordinated funding from these two government programs and siloed care delivered by multiple providers for physical and mental health needs can result in poorer health outcomes.³⁰

- » At CABH, Utilization Managers (UM) partner with Care Management to address a lack of social supports and coordinating multiple providers. The UM team serves as an advocate for the member by helping to navigate and maximize appropriate benefits from Medicare and Medicaid to ensure the member receives the care that is needed.
- » Centene supports community-integrated social services via technology platforms to connect members with community benefit organizations. These platforms enable real-time in5 (p)3.6 (i)8 (n)4.32c5ng mul



ongoing clinical support to increase treatment success and appropriate use of services. Through this collaboration, appropriate discharge plans are created, and reduced readmissions are achieved.

- » Furthering its commitment to both members and providers, Centene launched the Provider Accessibility Initiative (PAI), which was ranked No. 7 on FORTUNE's 2019 "Change the World" list and awarded the CMS 2019 Health Equity Award. Designed in collaboration with Centene's National Disability Advisory Council, the PAI assists those living with disabilities and their companions in accessing quality healthcare. The program is the first of its kind and aims to transition healthcare delivery into a fully accessible system by removing disability access barriers in healthcare offices. What makes this initiative successful is the increased access to care, not only for Centene's membership, but for the community as a whole. Through the PAI's efforts in providing building modifications, diagnostic equipment, and programmatic access, individuals with disabilities have greater access at their provider's office, directly increasing the quality of care and closing care gaps. Additionally, to address the disproportionate impact of COVID-19 on disabled communities, PAI created a COVID-19 Web Series to provide timely recommendations on how providers and organizations can deliver disability-competent care during the pandemic and beyond.

Assessing and measuring dually eligible and age 65+ Medicare members' experience with mental health care can help inform payer strategies and plans for improving services. One such mechanism to do so is the CAHPS Experience of Care and Health Outcomes (ECHO) Survey. The survey metrics are based on a variety of touchpoints along the customer journey spectrum including how quickly they .1(u)7.4 (r)-0.9 r Assess.4 (c)-2 (l(r)-4.9 (u)7.4 (m)-13.4 (k)-1.9 (l)9.5 (S)18 3.7 (s)-3.9 (e)-journey 2(C)-15.7 (a)1(C)-15.7 (a n).4 (i)-2.4 (r)1.6 (e)-1.2 (m)4 (b)--4.3)3.7f (o)12.2 (D)(m p)-2-7 (e)-41.4 (n)4.3 (y t)-2. are cch8 (n)4sna

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