



November 12, 2021

The Honorable Ron Wyden
United States Senate
221 Dirksen Senate Office Building
Washington, DC 20002

The Honorable Mike Crapo
United States Senate
239 Dirksen Senate Office Building
Washington, DC 20510

Submitted electronically to mentalhealthcare@finance.senate.gov

RE: Request for Information Regarding Policy Proposals to Address Unmet Mental Health Needs

Dear Senators Wyden and Crapo,

Thank you for the opportunity to respond to the Request for Information (RFI) regarding “Policy Proposals to Address Unmet Mental Health Needs.” Centene Corporation (herein after Centene) supports the development of bipartisan legislation to address barriers in mental healthcare and ensure access to timely, quality, and affordable mental healthcare and substance use disorder services.

The COVID-19 pandemic has further magnified the importance of mental and behavioral health services. The pandemic has exacerbated social isolation, job loss and related economic struggles, personal and family illness, and domestic violence. These issues will undoubtedly continue over the course of the pandemic and beyond.

Founded in 1984, Centene has established itself as leading multinational healthcare enterprise with a commitment to helping people live healthier lives. The company takes a local, state-based approach with community teams and solutions to provide fully integrated, high quality, and cost-effective services to government sponsored and commercial healthcare programs, focusing on under insured and uninsured individuals. Centene offers affordable and high-quality products to nearly 1 in 15 Americans across all 50 states, including Medicaid and Medicare members, as well as individuals and families served by the Health Insurance Marketplace, the TRICARE program, and individuals in correctional facilities. The company also serves several international markets, and contracts with other healthcare and commercial organizations to provide a variety of specialty services focused on treating the whole person. Centene offers a comprehensive portfolio of innovative, flexible solutions that demonstrate our commitment to delivering results to better serve our members, providers, local communities, and government partners.

Centene is committed to advancing mental healthcare delivery through continued investments in innovative technology, evidence-based clinical programs, educational programming, and community partnerships delivered in cooperation with our dedicated behavioral health organization, Centene Advanced Behavioral Health. Initiatives that address equitable access, social determinants of health, and integrated care are essential to improving the mental wellbeing of children, families, and communities nationwide. As one of the nation’s leading managed care organizations serving some of the most vulnerable populations, Centene is steadfast in delivering care locally to address the increased need for mental and behavioral health services, reduce the impact of mental and physical health

comorbidities, improve overall health outcomes, and lower healthcare costs.

Please see detailed responses below to the request for evidence-based solutions and ideas to enhance behavioral healthcare in the following areas:

1) Strengthening the Mental and Behavioral Health Workforce

Both the behavioral health and the overall medical workforce have continued to decrease over a number of years, contributing significantly to nationwide healthcare access issues. Additionally, healthcare workforce diversity and staffing in rural communities are of significant concern and play an important impact on access to equitable and quality healthcare for underserved populations. Cost and coverage issues, exacerbated by the COVID-19 pandemic, have resulted in fewer in-network providers and significant difficulty for families when attempting to access treatment.

The American Rescue Plan Act of 2021 (ARPA) made investments in a number of key mental health workforce-related needs. Significant funds were provided for substance abuse prevention and treatment funding, the expansion of Certified Community Behavioral Health Clinics, and the Provider Relief Fund for providers in rural areas and those serving rural communities. Crucially, additional funding was allotted for mental health workforce education and training. Continued funding and support of providers and community health centers that treat individuals with both mental and physical health needs will be essential to enable cooperation that allows for the integration of care, increased access, and the addressing of provider shortages. To ensure the sustainability of the initial ARPA investment, we recommend Congress investigate policies to support long-term state investment in mental health workforce needs.

We encourage Congress to search for solutions to address the systemic mental and behavioral health provider workforce shortages across the country, including examining policy efforts aimed at reducing behavioral health practitioner burnout. For example, the uptake and proliferation of telehealth technologies can reduce administrative burden and ensure individuals have access to quality mental and behavioral health services and treatment. Further, we encourage Congress to carefully assess and work with the Administration to promote risk mitigation strategies including the feasible setting of actuarially sound rates across lines of business based on changes to services offered or the advent of additional providers in the behavioral health space.

Centene has identified four areas of focus upon which Congress should direct their attention to encourage mental and behavioral health workforce growth. Additional policy details and Centene-specific examples relating to these areas of focus are discussed in greater detail in the sections following:

- 1. Continued investment in policies that promote financial incentives to providers who enter the behavioral health field, including but not limited to tuition reimbursement;**
- 2. Continued investment in training programs for mental and behavioral health providers, particularly in rural and underserved areas;**
- 3. Workforce expansion through Medicare coverage of additionally eligible providers;**
- 4. Policies that focus on promoting value-based contracting (VBC) reimbursement through the adoption of value-driven CPT codes**

Expansion of Medicare Coverage of Mental Health Practitioners

We encourage the recognition of mental health counselors and marriage and family therapists as mental health providers to increase overall mental health workforce strength and scope. Research has demonstrated the high success and low recidivism rates of these types of providers, as well as their cost-effectiveness.¹ In this regard,

¹ D. Russell Crane and Scott H. Payne, "Individual Versus Family Psychotherapy in Managed Care: Comparing the Costs of Centene Plaza • 7700 Forsyth Boulevard, St. Louis, MO 63105 • 314-725-4477

Centene supports the passage of the Mental Health Access Improvement Act (S.828, H.R. 432), recognizing these mental health counselors and marriage and family therapists as covered Medicare providers. We believe this legislation takes important steps to address critical gaps in care and promotes access to needed services.

Further, we call on Congress to institute Medicare coverage of certified peer support specialist services. These paraprofessional services, provided by those with lived experience recovering from mental health disorders and substance use disorders can play a significant role in supporting individuals currently living with these conditions. Centene supports the Promoting Effective and Empowering Recovery Services in Medicare (PEERS) Act of 2021, (S. 2144, H.R. 2767). This legislation takes important steps to recognize the role of peer support specialists to help facilitate engagement with services, manage both physical and mental health conditions, and build support systems to live increasingly self-directed lives.

Additionally, Centene believes that both cross-state licensure and expanded scopes of practice can expand the mental and behavioral health workforce in traditionally underserved areas by improving provider access geographically and professionally. We support the aims of the bipartisan Temporary Reciprocity to Ensure Access to Treatment (TREAT) Act to “provide temporary licensing reciprocity for all practitioners or professionals, including those who treat both physical and mental health conditions, in all states for all types of services (in-person and telehealth) during the COVID-19 response.”² With tight controls over fraud, waste, and abuse, and property scrutiny over credentialing, we agree that federal licensing and scope of practice barriers can be reduced to workers seeking to participate in federal healthcare programs.

Centene believes that a focus on service promotion under Medicare models at the federal level may influence state decision-making for Medicaid and Marketplace service lines.

Importance of Value-Based Contracting

VBC strives to ensure that individuals receive the right kind of care, at the right time, in the right place. Through the employment of milestones along the individual/member care journey, providers are incentivized to achieve holistic, outcome-focused goals and reimburse providers for demonstrated results and the use of best practices. As part of the care journey, physical and mental health can be interlinked to ensure individuals are receiving the most appropriate care for their needs and reducing unnecessary hospital or emergency department visits for behavioral and/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 individuals. VBC creates visibility regarding progress and gaps in care that may need to be addressed. Additionally, 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.

Treatment by the Mental Health Professions,” Journal of Marital & Family Therapy 37, no. 3 (2011): 273-289.

² [https://www.congress.gov/bills/117th-congress/senate-bill/168?q=%7B%22search%22%3A%5B%22S+168%22%5D%7D&s=1&r=1](https://www.congress.gov/bills/117/congress/senate/bills/168?q=%7B%22search%22%3A%5B%22S+168%22%5D%7D&s=1&r=1)

2) Increasing Integration, Coordination, and Access to Care

Centene supports the increased integration of behavioral health services with primary care. The connection between physical and mental health is widely known throughout the healthcare community and has long been a topic of discussion. 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 in fact exacerbate the physical health condition that is the focus of treatment.

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. Centene calls for legislation that encourages expansion, adoption, and financing of technological capabilities that make health information sharing easier and reduce obstacles to provider collaboration. Proper investments and policies must address integration efforts and recognize the impact to providers, members, and overall healthcare cost. Centene supports continued efforts of leveraging interoperability to improve care and alignment between HIPAA and 42 CFR Part 2. 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 has identified four areas of focus upon which Congress should direct their attention to increase mental and behavioral healthcare integration, coordination, and access. Additional policy details and Centene-specific examples relating to these areas of focus are discussed in greater detail in the sections following:

- 1. Encourage amendments to existing privacy laws to improve and simplify care coordination;**
- 2. Expand, adopt, and finance technological capabilities to support health information sharing and provider collaboration;**
- 3. Provide targeted grant funding streams to aid state efforts to expand broadband access**
- 4. Increase substance use disorder education for DEA-licensed prescribers to improve early identification and treatment**

Integrating Care through Centene Advanced Behavioral Health

Centene's corporate behavioral health entity, 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 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.

Integrating Care for Autistic Individuals

The prevalence of autism spectrum disorder (ASD) across our nation has created a growing demand for specialized treatment to better the lives of affected individuals – as well as the lives of their families. Often, ASD is accompanied by other physical and mental health conditions. Studies show almost 40% of individuals with ASD are diagnosed with an intellectual disability, nearly 78% have at least one mental health condition, and about 50% have more than one mental health condition. Those with ASD also have a significantly higher prevalence of physical comorbidities “affecting various systems of the body including immune conditions, gastrointestinal (GI) disorders, metabolic conditions and seizure disorders,” and premature mortality is commonly attributed to these conditions.

Although ASD has been shown to impact all racial, ethnic, and socioeconomic groups³, treatment disparities still exist. Children from low-income families and minority groups have less access to care, specialized services, and community services, while also receiving reduced service hours⁴. These discrepancies in care and service further limit children from low-income families and minority groups from realizing their potential.

Whole health and wellness are just as important for those with ASD as they are for those without. Sleep concerns, especially insomnia, occur significantly more often in those with ASD than the general population. As it does with anyone, sleep deprivation makes learning and retaining information much more difficult, and can contribute to poor mood and unpleasant behavior during the day which, in addition to being unhealthy for the individual, may exacerbate stress on caregivers. Behavioral health providers are often recommended for these individuals to help develop better sleep routines and identify potential medical concerns, like sleep apnea, before resorting to pharmacotherapy.

Centene approaches preventive and specialized care in a holistic manner and connects the various supports through our case management team. Preventive care such as medical, vision and dental exams, as well as proper nutrition, must be part of ongoing care.

Improving Access to Care Across the Continuum of Behavioral Health Services

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. 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. 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.

Centene supports legislation that encourages expansion and adoption of technology capabilities that make health information sharing easier and reduce obstacles to provider collaboration, including improved system interoperability and better alignment between 42 CFR Part 2 with HIPAA.

³ <https://pubmed.ncbi.nlm.nih.gov/28933930/>

⁴ https://pediatrics.aappublications.org/content/145/Supplement_1/S35

Improving Patient Transitions Between Levels of Care and Providers

As a result of COVID-19, social isolation, unemployment, and diversion of public health resources have continued to amplify the substance abuse crisis.⁵ 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.⁶

Centene supports amendments to privacy laws such as 42 CFR 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.

Further, 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 to the next generations of healthcare professionals.

Ensuring Equitable Access to and Quality of Care for Minority Populations and Geographically Underserved Communities

Centene enables equitable access to care by providing assistance to community behavioral health providers to strengthen their technology resources to deliver telehealth services. Payers can help providers in underserved communities to implement tools such as a comprehensive telehealth platform that is interoperable with electronic health records. To this end, payers can serve a valuable role by offering provider and patient trainings and education programs designed to increase awareness, use, and comfortability with the technological features involving telehealth. Targeted funding or grants for behavioral health providers to purchase and implement this technology could be provided, and current state grant opportunities such as the funds allocated under ARPA should be leveraged by states to support broadband expansion and access.

Further, the formation of the Centene Health Disparity Task Force provides an ongoing opportunity for us to engage national leaders as we work to narrow the gap of disparities in healthcare access among at-risk populations. In 2017, Centene launched the Provider Accessibility Initiative (PAI). Designed in collaboration with Centene’s National Disability Advisory Council and the National Council on Independent Living, PAI assists those living with disabilities in accessing healthcare providers and services. The program’s ultimate aim is to transition healthcare delivery into a fully accessible system for people with disabilities. To address the disparate 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.⁷

Centene Foundation for Quality Healthcare supports via funding a variety of pilot programs aimed at addressing behavioral health needs in underserved areas, including in rural communities. An example pilot program in our Kansas market utilized technology to address the cultural stigma and rural access issues of behavioral health in four Central Kansas counties. These counties –Barton, Pawnee, Rice, and Stafford – faced a large prevalence of unmet behavioral health needs, a lack of awareness of community resources, and low utilization of services. Through a

⁵ Dan Goldberg and Brianna Ehley, Biden’s other health crisis: A resurgent drug epidemic, Politico, Nov. 28, 2020

⁶ Statement on 42 CFR Part 2 Amendments Process from SAMHSA to HHS Office for Civil Rights

⁷ <https://www.centene.com/why-were-different/corporate-sustainability/healthier-lives/healthcare-access.html>

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grant from the Centene Foundation, a local community health center partnered with county health departments and the court services/community corrections programs of Central Kansas to implement a public mental health awareness and utilization campaign that introduced televideo crisis screenings and publicly available mental health screening stations (kiosks). The pilot program was demonstrated to effectively spread community awareness of mental health symptoms and treatment. In a measured two-year period, the community health center had 30% more non-Medicaid clients access treatment, and almost 1,200 mental health screenings were completed via kiosk in the year following initial installation.⁸

Arizona Complete Health (Centene Health Plan) Crisis System Collaboration

The crisis system is a collaboration between a Centene member health plan, Arizona Complete Health, public safety and crisis resources, and community organizations to better coordinate care for those in crisis and ensure members receive the most appropriate treatment when and where they need it. The crisis system collaboration includes the following initiatives and access points to care:

- Crisis hotline
- 911 communication center
- Mental health support teams (MHST)
- Mobile crisis teams
- Co-responder teams
- Crisis residential facilities
- 24/7 crisis centers
- Inpatient facilities
- School-based service provision including:
 - Behavioral health co-location in schools
 - Direct funding for school service provision
 - Youth Engagement Specialist Program

Additionally, the collaboration includes regular, centralized reporting to be able to track and trend data daily, increasing the system's ability to proactively plan.

Connecting Individuals to Key Non-Clinical Services and Supports

Centene supports community-integrated social services via technology platforms to connect members with community benefit organizations. These platforms enable real-time information sharing and centralized access to community support systems, helping our members access resources for improved health and quality of life. In addition to improving member health and wellbeing by ensuring that the member is receiving the right service at the right level of care, our Members Empowered To Succeed (METS) program works directly with members and providers engaged in high rates of outpatient behavioral health services without successful outcomes. The program has reduced unnecessary utilization including a 10% decrease in ED utilization, 17% decrease in BH inpatient admissions, and 30% decrease in BH outpatient services while improving quality measures.

Policies to Improving Disparities in Mental and Physical Care Integration

Some states have adopted policies providing Medicaid coverage after birth for up to 12 months, thereby enabling 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

⁸ https://www.centene.com/content/dam/centenedotcom/documents/IHRC-Whitepaper_508_08172020.pdf

reduce adverse health outcomes and racial disparities in maternal and infant health.⁹ Centene supports the extension of postpartum Medicaid coverage across all states up to 12 months postpartum given the potential for improved health outcomes. Despite state implementation concerns regarding the state-financed share of cost, Centene remains supportive of ARPA allowances for greater flexibility for states to extend postpartum coverage, and is pursuing analytic support at the state and federal level to advocate for implementation of this policy change.

Additionally, the opioid crisis that is gripping the nation calls for an immediate need for physical and behavioral health providers to work together. Centene has called 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 relaxed, eliminating the X-Waiver has greater potential to save lives and make a true impact in addressing the opioid crisis. Further, Centene advocates that Congress 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 psychiatric services is limited.

3) Ensuring Parity between Behavioral and Physical Healthcare

Centene strives to achieve whole health through physical and behavioral health integration and parity. Unfortunately, fragmentation in delivering integrated healthcare continues, costing the country billions in healthcare expenditures and countless lives lost each year. Centene remains aware of the critical importance for plans to comply with the requirements of the Mental Health Parity and Addiction Equity Act (MHPAEA), which 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.

Centene recommends that Congress improve oversight and enforcement of mental health parity laws and better understand and collect data on shortfalls in compliance with parity laws in the following way, described in greater detail in the following section:

1. Reinforce calls for the Tri-Departments to develop a framework and standard example for NQTL analysis to ensure parity and proper state-level enforcement

Non-Quantitative Treatment Limitation (NQTL) Definition, Standardization, and Example Provision

Rather than each state regulator creating its own unique reporting templates, the five-step framework for NQTL analyses set forth in the federal parity law (as amended by the CAA) should be accepted as the basic structure for NQTL reporting in all states. Many states already incorporate the federal parity law into state law by reference, though to date, not all of these states have revised their reporting templates and guidance to align with the new five-step framework. Applying this single framework for reporting across all jurisdictions will reduce the regulatory burden for plans and enhance the consistency and effectiveness of enforcement. Additionally, ensuring a clear definition with boundaries for what a NQTL is and coordination between state and federal regulators, as well as within state agencies themselves regarding this definition will provide a robust basis for parity enforcement.

Further, providing a comprehensive example of NQTL analysis that would meet the tri-Department's standards under currently Consolidated Appropriations Act requirements would help ensure efficient resource management by

⁹ <https://ccf.georgetown.edu/2019/05/09/medicaid-expansion-fills-gaps-in-maternal-health-coverage-leading-to-healthier-mothers-and-babies/>

the Departments. Centene believes that certain ambiguities remain regarding the five-step analyses, and the provision of a sample analysis would clarify requirements and improve parity compliance.

4) Furthering the Use of Telehealth

The COVID-19 pandemic has brought telehealth to the forefront as an essential medium for delivering critical behavioral healthcare – now and in the future. During this time, there has also been an unprecedented impact on the mental well-being of the nation. Therefore, we cannot design for the healthcare delivery system of the future without a focus on TeleBehavioral Health (TeleBH).

A significant portion of telehealth services are attributable to behavioral health conditions. At Centene, nine of the top ten primary diagnoses treated in a telehealth context are behavioral health disorders, and half of the top ten provider categories delivering these services are behavioral health specialists based on total paid amounts. Across the country, reports show that behavioral health providers are currently delivering up to 80% of care virtually, and demand continue to grow as stress, anxiety, and trauma persist.¹⁰

One of the primary benefits of TeleBH is increased access to behavioral health services. TeleBH not only allows members to continue behavioral health treatment safely and in the comfort of their own homes, it extends services to rural, and other under-served areas with shortages of providers. Virtual appointments also provide greater access to care for those who are homebound or have a disability. TeleBH has the potential to connect members with providers who can meet their unique cultural needs and improve access to specialists, such as child psychiatrists, giving all members an equal opportunity to obtain specialized care. Additionally, TeleBH removes barriers that can be present with in-person care such as lack of reliable transportation, stigma, securing childcare during visits, and time away from work or school.

Telehealth Quality and Cost Effectiveness

While not a treatment itself, but rather a modality of care, adapting traditional face-to-face, evidence-based treatments to tele-delivery raises questions regarding the empirical basis for delivering such treatments through this medium. As the efficacy and quality of TeleBH interventions are assessed, similarly to physical telehealth, we may find that not all behavioral health services should be delivered through a telehealth modality. There is not yet an adequate body of research on TeleBH, and existing research is somewhat conflicting. According to a Milbank review¹¹, TeleBH interventions were on par with, or better than in-person interventions and had satisfaction rates as high as or higher than in-person treatment across a range of conditions and interventions. Separately, in a May 2020 Report to Congress about telehealth and remote patient monitoring use in pediatric populations to reduce barriers to SUD services, the authors found mixed evidence for effect on emergency visits, little evidence for impact on avoidable admissions and readmissions, and no difference in quality for face-to-face versus TeleBH for SUD in adolescents.¹² In fact, one cited example showed a rate of 90% completion among adolescents in virtual SUD treatment, demonstrating that treatment engagement may be enhanced when delivered virtually. However, more research comparing TeleBH with in-person treatment across different populations, conditions, and treatments is needed to inform future medical necessity criteria for payers. Until then, payers and providers should continue to partner to closely monitor quality and outcomes of TeleBH to ensure the best care possible is delivered to members.

Further, by overcoming barriers to transportation and the time that traveling to an in-person appointment can require, telehealth uptake has resulted in a major decrease in no-show rates for appointments. Centene believes that the

¹⁰ https://www.thenationalcouncil.org/wp-content/uploads/2020/08/The_New_Role_Of_Virtual_Care_In_Behavioral_Healthcare.pdf?daf=375ateTbd56

¹¹ https://www.milbank.org/wp-content/uploads/2020/10/TeleBH_B_6.pdf

¹² <https://www.rcorp-ta.org/sites/default/files/2020-08/rct-reducing-barriers-may-2020.pdf>

removal of transportation barriers, coupled with greater network flexibility for telehealth providers will result in increased access to care for our members and promote network adequacy.

Centene has identified three areas of focus upon which Congress should direct their attention to expand mental and behavioral telehealth services without exacerbating access digital disparities:

- 1. Work with CMS to temporarily establish a CPT code modifier for audio-only telehealth;**
- 2. Extend COVID-19 originating site, provider type, and other flexibilities; and**
- 3. Expand FirstNet mobile broadband network to address disparities created by the digital divide**

To expand the use of telehealth for mental and behavioral healthcare, Centene believes that Congress should allow CMS the regulatory flexibility to broaden the types of licensed providers able to obtain reimbursement for telehealth services. Additionally, Congress should further the allowance of audio only options as appropriate and address access to reliable home broadband service.

During the COVID-19 PHE, the federal government and states have instituted valuable policy flexibilities, such as suspending the originating and remote site requirements, lifting restrictions for providers prescribing controlled substances (for OUD treatment) without an in-person medical evaluation, and broadening the types of licensed providers able to bill for telehealth (e.g., marriage and family therapist and licensed mental health counselors). Like Centene, payers can support appropriate expansion of telehealth services and elimination of regulatory barriers to care delivery that would increase access to care. Congress should ensure that legislation is not overly prescriptive regarding benefit allowances at the code level, and with respect to Medicare, plans should have the ability to negotiate reimbursement for telehealth services provided.

Medicare Provision of Audio-Only Telehealth for Mental and Behavioral Health Services

Supporting the option for audio-only visits allows more members to benefit from TeleBH, whether by preference or need. While audio-only is not the preferred modality for TeleBH long-term, this method could be utilized when audio/visual is not yet feasible or possible. Currently, many individuals may not have access to a video capable device, perceive video as being invasive, have a disability limiting their use of visual technology, and/or live in areas with limited broadband. Conversely, video and other options should also be available to meet the needs of individuals with certain disabilities, including hearing impairment.

Initially, Centene recommends an audio-only modifier that is not currently at a discounted payment rate from audio-visual rates to ensure provider coding is not influenced by differing reimbursement rates. This will allow us to obtain accurate data necessary to conduct treatment efficacy studies that will inform future reimbursement strategies and benefit design.

Specific Mental and Behavioral Health Services for Which Visual Telehealth is More Appropriate

There may be specific mental and behavioral health services for which visual telehealth is more appropriate. Video and other options should also be available to meet the needs of individuals with certain disabilities, including hearing impairment. As efficacy and quality of TeleBH interventions are assessed, similarly to physically telemedicine, we may find that not all behavioral health services should be delivered through a telemedicine modality. More research comparing TeleBH with in-person treatment across different populations, conditions, and treatments is needed to inform future medical necessity criteria. Until then, payers and providers should continue to partner to closely monitor quality and outcomes of TeleBH to ensure the best care possible is delivered to members. For instance, we need to better understand which levels of care and conditions are most appropriate for a telehealth modality, including intensive outpatient, partial hospitalization, applied behavioral analysis, group therapy, residential treatment and psychological testing.

Extending COVID-19 Telehealth Flexibilities

Centene calls for certain telehealth flexibilities, such as out-of-state licensure flexibilities, be extended beyond the current pandemic or made permanent to increase access to care and availability of providers for members. Proposals such as these could be established through a multi-state Medicaid and Marketplace telehealth compact that enforces national telehealth standards at a federal level. The federal government and states have instituted valuable policy flexibilities, such as suspending the originating and remote site requirements, lifting restrictions for providers prescribing controlled substances (for OUD treatment) without an in-person medical evaluation, and broadening the types of licensed providers able to bill for telehealth (e.g., marriage and family therapist and licensed mental health counselors). Congress can support appropriate expansion of telehealth services and elimination of regulatory barriers to care delivery that would increase access to care. This expansion would be of particular importance in the event of a future pandemic, during which time a standardized and scalable regulatory environment would play a key role in care access for consumers. We would like to see a glide path that allows continued flexibilities post PHE while we analyze data and conduct studies to inform which flexibilities should be made permanent, and we reiterate our support of legislation like the TREAT Act outlined above.

Addressing Barriers to Telehealth Access

Congress should take steps to analyze and address the digital divide. Health disparities are an indicator that underlying factors are influencing the ability of certain populations to access and engage in care. Access to reliable technology and broadband internet service are among the largest drivers of TeleBH utilization.

Centene works to monitor utilization of TeleBH versus in-person services and ensure that when disparities related to TeleBH access exist, steps are taken bridge these access gaps. For example, in April 2020, Centene announced a partnership with AT&T to offer healthcare providers expedited access to the federal FirstNet network, a nationwide wireless broadband service. Congress can assist this effort by supporting a federal-level expansion of FirstNet mobile broadband network to allow vulnerable members to enroll in the service with a referral by their healthcare provider or insurer via a licensed provider.

5) Improving Access to Behavioral Healthcare for Children and Young People

Protecting the mental wellbeing of children is vital to reduce the negative impact on the health, quality of life, and potential opportunities of future generations. While this has always been the case, COVID-19 has increased the spotlight on the effects that societal and individualized trauma and social determinants of health (SDoH) have on children and their mental health. COVID-19 has had a significant influence on the overall wellness of individuals, but for children, the impact has the potential to extend years after its end. The pandemic caused – and continues to cause – disruptions in routines, learning, and social isolation for children, which can lead to anxiety and depression and can have implications on mental health later in life.¹³

Centene has identified two areas of focus upon which Congress should direct their attention to improve access to behavioral healthcare services for children. Additional policy details and Centene-specific examples relating to these areas of focus are discussed in greater detail in the sections following:

- 1. Funding support for school-based early interventions and education to improve access to care and mitigate long-term physical and mental health conditions as children age;**
- 2. Encourage CMS to continue development of cross-system, integrated care platforms and targeted, culturally-sensitive programs across environments**

¹³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7267797/>

Centene supports legislation that addresses early intervention, education, and access to care is essential to mitigate long-term physical and mental health conditions as children age. Additionally, the implementation of targeted, culturally sensitive programs across environments and in support of caregivers are needed.

How care is delivered and who delivers the care have a significant impact on the quality and effectiveness of treatment. For children, early and consistent interventions are necessary to manage progress toward positive health outcomes. The COVID-19 pandemic not only disrupted educational advancements for children, but significantly impacted the delivery of maintenance health appointments and routinely scheduled mental health appointments. Additionally, exacerbated and newly developed conditions such as anxiety, depression, or adverse childhood experiences (ACEs) need to be identified and treated early to improve likelihood of treatment success and recovery.

Addressing Provider Shortages in Children's Behavioral Health

While primary care providers and pediatricians remain vitally important assets to delivering mental and behavioral healthcare, school-based interventions allow for timely, convenient, and direct care for students within the recognizable setting of their school. This delivery of care reduces barriers to access while providing quality care for mental health concerns, generalized health screenings, and follow-up care. Centene's school-based intervention partnership program provides culturally-competent care, enabling virtual access to a variety of clinicians to perform assessments, diagnosis, and treatment. The program also provides students and families with educational materials, enables coordination with existing family providers and ensures referrals as needed.

Additionally, peer support specialists, community health workers, and non-clinical professionals and paraprofessionals can play a role in improving children's behavioral health. Centene supports continued funding for trainings for school staff and programs that coordinate treatment for children and adolescents with emotional disorders. Payers can supplement these initiatives through enhanced provider partnerships and educational programming to increase the healthcare workforce and point-of-care access for mental health.

Care Integration Considerations

Early identification and treatment are essential for long-term positive physical and mental health outcomes for children. Integrated care through screenings and integrated care management has the potential to improve overall health and reduce long-time health expenditures. Cross system coordination of care which is more complex for children than adults.

Centene supports the goals of the CMS Integrated Care for Kids (InCK) Model to improve child health, reduce avoidable inpatient stays and out of home placement, and create sustainable Alternative Payment Models (APMs) that share accountability for costs and outcomes among stakeholders and increase behavioral health access.¹⁴

Supporting Access to Behavioral Healthcare and Medication Monitoring for Vulnerable Youth Populations

Centene advocates for policies that support uninterrupted Medicaid benefit coverage for children in foster care enables better continuity of care.

Children in foster care are especially vulnerable to mental health conditions due to high rates of complex trauma from ACEs both prior to and during foster care. Of youth covered under Medicaid, those in foster care have a higher rate of diagnosed mental health disorders.¹⁵ Indeed, 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.¹⁶ Often, medication is prescribed to assist in the management of these conditions, but if left

¹⁴ <https://innovation.cms.gov/innovation-models/integrated-care-for-kids-model>

¹⁵ https://pediatrics.aappublications.org/content/146/1_MeetingAbstract/508.2

¹⁶ <https://youth.gov/youth-topics/youth-suicide-prevention/increased-risk>

unmonitored, medication can impair the growth and development of these children as they age. Centene strives to ensure medication monitoring programs are implemented to promote prescribing and treatment that aligns with clinical best practice guidelines.

“Children in foster care are prescribed psychotropic medications at a rate four times higher than the general Medicaid child population.”¹⁷ In fact, 10% of these children are prescribed three or more of these medications.¹⁸ Antipsychotics are used to medicate one in nine children in foster care with nearly one-third not being provided supplemental psychosocial interventions.¹⁹ Often medication is prescribed to these uniquely vulnerable youth in order to assist in managing behavioral and emotional challenges that frequently occur within this population. However, if left unmanaged, the continued use and overprescribing of these medications can affect both physical and behavioral development.

Given these possible serious side effects, including the altering of a child’s metabolic composition and neurochemistry, careful monitoring and a clear treatment plan are vital. When prescribing psychotropic medications, there is an additional concern of side effects and co-occurring medical complications that need to be taken into consideration. In Centene’s foster care population, it has been found that these children are prescribed multiple medications resulting in high rates of polypharmacy, which can have a lasting impact on their overall health.

Centene Advanced Behavioral Health’s Behavioral Health Medication Monitoring (BHMM) program promotes psychotropic medication prescribing and treatment that aligns with clinical best practice guidelines. Our BHMM program includes review of metabolic labs and assessments for members to enable early identification for potential comorbidities. Metabolic side effects of psychotropic medication, especially antipsychotics, can include weight gain, dyslipidemia and increased susceptibility to diabetes, making lab reviews an essential component to maintaining overall health. Our highly trained clinicians perform a comprehensive behavioral health service review, identify alternative therapeutic options, recommend additional care practices, and refer members to case management for further interventions. In 2020, 41% of members enrolled in the program experienced a decrease in prescribed medications.

Additionally, research suggests online technology can assist children in foster care in learning and gaining educational skills that may be absent as a result of experiencing numerous school and home disruptions. Centene along with partners AT&T, Connected Nation, Dell Technologies, and Intel have come together under the K-12 Digital Divide Program to bridge the Digital Divide among youth in foster care by enabling greater internet access. Within this initiative, more than 1,000 laptops and 2,200 hotspots will be donated to foster care agencies across Florida and Missouri. The foster care agencies will then work to distribute the devices to youth identified as having the greatest need. These technologies will facilitate greater ease of access to the internet for schoolwork, telehealth, behavioral health services, online tutoring, job searches, and other daily activities enabling the use of resources and tools to promote positive learning and development.

The IMD Exclusion as a Barrier to Treatment for Foster Care Children

The Family First Prevention Services Act (FFPSA) of the Bipartisan Budget Act of 2018 amends Title IV-E of the Social Security Act to limit foster care maintenance payments (FCMPs) (payments for room, board, and certain other costs for children in foster care) to 14 days for children placed in child care institutions (CCIs). One exception to this limitation is for children placed in facilities designated as qualified residential treatment programs (QRTPs). However, QRTPs offer many of the same services as an institution for mental disease (IMD), which is defined as a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis,

¹⁷ https://www.chcs.org/media/Medicaid-BH-Care-Use-for-Children-in-Foster-Care_Fact-Sheet.pdf

¹⁸ <https://pediatrics.aappublications.org/content/145/2/e20193751>

¹⁹ <https://www.reuters.com/article/us-health-fostercare-antipsychotics/drugs-for-schizophrenics-regularly-dispensed-to-foster-kids-idUSKCN0YV1W8>

treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. Therefore, according to CMS, given the interconnectedness of these two definitions, a Q RTP facility with more than 16 beds will most likely qualify as an IMD.

Under the Social Security Act, states are unable to receive FMAP for services and stays provided for Medicaid beneficiaries in an IMD. States are allowed to waive this with an 1115 demonstration, which currently six states (Idaho, Indiana, Oklahoma, Utah, Vermont, and Washington) and the District of Columbia have approval for. However, the demonstration initiative requires adherence to a statewide average length of stay of 30 days and limits FFP for coverage of Medicaid services to stays of no more than 60 days.

Congress should explore solutions to this barrier to treatment for the foster care population, including expanding access to community-based settings to minimize the use of institutional settings when feasible. Centene welcomes the opportunity to partner with Congress and CMS to ensure that this vulnerable population is able to access mental and behavioral health services.

Implementing and Expanding Telehealth Services for the Pediatric Population

TeleBH has been a valuable care delivery modality for pediatric member care during the COVID-19 pandemic and will continue to be a valuable modality in the future. TeleBH has increased access for the pediatric population to specialists like child psychiatrists and psychologists who may not be physically located within rural communities.

Centene welcomes opportunities to support pediatric TeleBH through the funding of startup costs for provider efforts, and currently offers tools that members can use either independently or in conjunction with a provider to ensure ongoing treatment. For example, Centene has implemented a HIPAA-compliant technology platform that integrates with the 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.

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. This is particularly relevant for pediatric populations who require direct assistance with technology access and proper usage. We support engagement with providers to determine the most viable long-term pediatric telehealth uses that support pediatric health and well-being.

In closing, we applaud your leadership and the Senate Finance Committee on its dedication to solving the most significant challenges our behavioral health profession faces. We appreciate the opportunity to share with you some of the findings from our work relating to mental and behavioral healthcare provision. We welcome the opportunity to continue these discussions or answer any questions you may have about our work or the policy ideas we share.

Thank you for your consideration of our comments. If you have any additional questions, please contact Arianna Muckerman (arianna.d.muckerman@centene.com, 314-225-0410) or Patti Barnett (patti.a.barnett@centene.com, 314-695-0318).

Sincerely,



Patti Barnett
Regional Vice President, Health Policy