



Provider Newsletter

A New Resource from Your Managed Care Solutions Partner

The right care in the right place at the right time. Simple words of action that are the cornerstone of Centene's approach to population health. As a member of our provider network, we know you share our goal of transforming health care for all, including the most vulnerable populations. We're pleased to share a new resource, the Connected in Care newsletter, to provide you with expert insights, practical advice and tips that should prove valuable to you, as a boots-on-the-ground health care provider.

We're lucky to be working in healthcare at a time when the connectivity between physical and mental health is understood and respected. This simple but revolutionary concept is relatively new, and one we'll explore in depth in the feature article on the next page.

In this inaugural issue of Connected in Care, we'll also explore some misperceptions around pay-for-performance compensation models and show how they can benefit you as a provider, as well as your patients. We'll share a Q&A with a Centene HEDIS expert, along with important record-keeping tips. Finally, we'll highlight key resources, news and events that we think you'll find relevant.

Together, we are all Connected in Care



Collaborative Care for Body and Mind

Centene's provider network; community organizations partner to provide care where it's needed most

Body and mind. Though undeniably linked, our physical and mental well-being have historically been treated as two very separate entities. We go to primary care physicians to treat aches and pains and to stave off physical ailments, and we entrust our mental health to psychiatrists or psychologists. While many Americans visit a general practitioner like clockwork, the latter has often been shrouded in stigma, with would-be patients delaying or ignoring mental health treatment for fear of judgment from family, friends or employers. But imagine a medicinal landscape in which physical and mental health practitioners worked side by side to treat the whole patient, bound by a common goal of optimizing both tangible and intangible disease.

This type of bilateral communication between mind and body is becoming a reality — and providers and patients alike are benefiting.

“People are understanding that behavioral health is a driver of physical health utilization and cost — and if we don't make inroads in treating mental health effectively, we'll see a substantial burden on physical



health,” says Dr. Jay Butterman, Chief Medical Officer and Senior Vice President, Centene Behavioral Health. “For managed care providers like <STATE HEALTH PLAN>, this means that investing in behavioral health may result in a magnitude of return on the physical side, as a patient is better able to tend to his or her preventative care needs.”

More than a trend, it's a paradigm shift, as general practitioners are increasingly working in tandem with Behavioral Health Specialists to treat the “whole patient,” through approaches like the Medicaid Collaborative Model, which makes it easier for primary care physicians to work alongside psychiatrists.

“It's an exciting time to work in the behavioral health space, given the increased awareness and openness of mental health and a more holistic approach to treating it,” says David Stair, Director of Behavioral Health Clinical Programs, Centene Behavioral Health. “This marks a significant shift, pushed by culture, technology and data, and allows us to better treat the most vulnerable populations.”



David Stair

Collaborative Care for Body and Mind

The more vulnerable the population, the more susceptible to chronic medical conditions that impact mental health. “Chronic physical pain is draining and can affect mental health as well,” says Dr. Frank Crociata, Medical Director, Centene. “While any of us who have ever felt pain can attest to this, we’re also realizing how much our mental health care impacts our physical health. Depressed individuals are more likely to be noncompliant with medical regimens, diet and exercise and may use food or substances to deal with negative emotions.”

“It’s essential to be mindful of the body/mind connection and flexible enough to engage [with the patient] effectively,” says Stair. To this point, Centene has invested heavily in its Behavioral Health Organization, through which it supports its network in providing psychological health services with the goal of mitigating adverse health conditions and afflictions.



Dr. Frank Crociata

While the old adage “an ounce of prevention is worth a pound of cure” may not have been written about health, it could have been. “As a provider treating adults, I deal with the repercussions of what happened in childhood,” says Crociata. “A child’s brain will rewire itself as a mechanism for dealing with toxic stress from abuse and neglect. This provides insights into why some people are more susceptible to disease.”

Behavioral health providers can gauge susceptibility through a 10-question assessment. A patient’s Adverse Childhood Experiences (ACE) score is one test where scoring high is not a good thing, as factors like abuse, broken homes and poverty provide a line of sight into potential mental health challenges — as well as the likelihood of exhibiting healthy habits such as healthy eating, exercise and following medication regimens. Children with an ACE score greater than 4 are significantly more prone to drug addiction.

“Toxic stress makes it harder for these children to learn and, later on, they exhibit more truancy, poor behavior and poor school performance,” Crociata notes. “That snowballs into bad health.”

How can medical professionals counteract the ramifications of toxic stress?

Relative Risk Ratios: BH/PH Illness

Chronic Physical Condition, OR (95% CI)

Mental Disorder	Arthritis	Any Chronic	Heart Disease	Stroke	Hypertension	Diabetes		Chronic		Peptic Ulcer	Cancer
						Mellitus	Asthma	Lung Disease			
Mood disorder											
Major Depressive	1.4	1.7	1.5	1.6	1.4	1.4	1.5	2.1	1.7	1.2	
Dysthymia											
Bipolar disorder (broad)	1.7	1.8	1.6	1.9	1.4	1.7	2.4	2.3	1.8	1.5	
Anxiety disorder											
Panic disorder	1.5	1.9	2.1	1.9	1.7	1.8	1.9	2.2	1.9	1.6	
Generalized anxiety disorder	1.8	1.9	1.4	1.5	1.4	1.3	1.7	2.5	1.5	1.0	
Postrumatic stress disorder	1.8	1.9	2.1	1.7	1.3	1.4	1.9	1.6	2.3	1.3	
Obsessive-compulsive disorder	1.4	2.1	1.6	1.5	1.3	1.2	0.7	1.9	2.0	1.8	
Bulimia nervosa	1.5	2.1	1.9	3.3	2.3	3.6	1.3	0.7	1.6	1.6	
Substance use disorder											
Alcohol abuse	1.6	1.4	1.7	2.1	1.6	1.3	1.6	2.4	1.6	1.4	
Alcohol dependence	1.7	1.6	2.3	2.8	1.8	1.5	2.1	2.0	1.9	1.4	
Drug abuse	1.9	1.6	2.2	1.9	1.9	1.8	1.4	1.9	2.0	1.3	
Drug dependence	2.1	1.8	1.7	1.9	2.1	2.5	1.2	1.7	2.3	1.4	



Collaborative Care for Body and Mind

“The way we talk about mental health with patients matters a lot,” Butterman states. “If we talk about it like a common condition, as we’d discuss diabetes or heart disease, it helps to destigmatize it. This changes how it’s perceived at both the patient and at the societal level. It’s imperative that patients understand the science at work in their brain as this helps them see their mental health issues as an illness, rather than as a weakness.”

The Right Care at the Right Time in the Right Venue

Centene medical directors don’t just make utilization management decisions or insurance coverage decisions; they are practicing physicians themselves, meaning all have experience working with patients on the front lines. This hands-on perspective becomes even more powerful when combined with data.

“We leverage data and technology to work alongside the provider,” explains Stair. “By using metrics like penetration and readmission rates and length of [hospital] stay to guide decisions, we’re granted insight where resources are needed most.”

While Centene offers extensive training, rigorous credentialing and a wide spectrum of field support

to its provider network, it’s by no means working solo. “We partner with providers, communicating with them regularly and explaining policies rather than simply accepting or denying claims,” says Stair. “It’s our responsibility to ensure medical necessity and high-quality, evidence-based care.”



Collaboration is so integral to Centene’s behavioral health model that they’ve given it a name: Care Shaping. “It’s human nature that when you feel a sense of ownership, you work that much harder to put your best foot forward — and this is why we look at our provider network as collaborative partners,” says Butterman. “By working with them to identify best practices, they see us as a value-added opportunity while we simultaneously learn about their community health needs from them.

I believe that this collaborative care shaping is the future of managed care; we believe that we are leading the way with this approach as we have seen it as an effective method over the past several years.”

In addition to a shared goal of improved population health, there are also incentives in place for general practitioners to promote mental health.

“The Federal Mental Health Parity Act has ensured an equitable benefit structure and process for behavioral health, on par with physical health treatment,” says Dr. Indira Paharia, Chief Operating Officer, Centene Behavioral Health, and licensed clinical psychologist. “In managed care, we’re seeing more movement to carve-in behavioral health services across Medicare and Medicaid, which allows for greater integration. This is so important given that more than half of all behavioral healthcare is provided by primary care physicians.”



Dr. Indira Paharia

Correlation between Depression and Physical Illness

Physical disease	n of subjects with condition	OR (95% CI)	Puncontrolled/Pcontrolled ^b
Any physical disease	4,397	1.67 (1.33, 2.10)	<0.001*/-
Migraine	361	2.07 (1.27, 3.39)	0.008*/0.087
Athma	382	1.49 (0.91, 2.44)	0.137/0.182
Diabetes	421	2.05 (1.17, 3.61)	0.023*/0.182
Arthrosis, arthritis	1,186	1.79 (1.28, 2.50)	0.002*/0.021*
Stomach ulcer, duodenal ulcer	140	1.44 (0.71, 2.94)	0.340/1.000
Osteoporosis	357	1.86 (0.91, 3.81)	0.116/0.694
COPD, emphysema	272	2.33 (1.29, 4.21)	0.012*/0.123
High blood pressure	1,921	1.29 (0.92, 1.81)	0.159/0.694
Myocardial infarction	181	0.90 (0.33, 2.45)	0.928/1.000
Apoplexy	77	1.37 (0.33, 5.83)	0.690/1.000
Renal disease, renal calculi	142	2.63 (1.31, 5.29)	0.017*/0.149
Cancer, blastoma	244	2.45 (1.40, 4.30)	0.005*/0.064
Allergies	873	1.59 (1.05, 2.41)	0.042*/0.297

OR, odds ratio; CI, confidence interval; COPD, chronic obstructive pulmonary disease.
 *p<0.05.
^aResults are adjusted for age, sex, education, occupation, and household income.
^bControlled for multiple testing using Holm-Bonferroni method.

Paharia also notes that common chronic medical conditions, such as diabetes, both exacerbate and are exacerbated by behavioral health conditions. “There is a bidirectional impact of medical and behavioral conditions,” she says. “Populations experiencing severe mental illness and substance use disorders have higher rates of chronic medical conditions, which left untreated contribute to the shortened lifespan of this population.”

This disparity of racial and ethnic minorities illustrates the need for managed care providers to

develop relationships within at-risk communities.

“Some states have adopted payment mechanisms for Collaborative Care in Medicaid that are already being used in Medicare, allowing reimbursement for care coordination between interdisciplinary providers,” Paharia explains.

In addition, some markets offer outcome-based incentives. If the cost to treat a population is less than estimated, the difference is shared among the population’s provider groups. It’s an

approach that benefits providers, organizations and individuals alike — and in a country where 7% of the population suffers from depression (and scores more deal with bouts of anxiety or other mild or acute behavioral health disorders), its impact could prove significant for generations to come.

Comprehensive Care for an Uncharted Landscape

COVID-19 has impacted nearly every facet of our lives, and the period of confinement we’re only recently emerging from is expected to have long-term implications on our collective mental health.

“The COVID-19 crisis has led to incidence of mental health issues and substance abuse in populations that otherwise may never have experienced behavioral health needs. It’s understandable given the direct impact to loved ones being sick, the increasing unemployment rate, increased isolation and fear of the unknown,” says Paharia. “Behavioral health providers are increasingly being called upon to serve these needs, many of which are being addressed through telehealth.”

These tolls on our social, emotional and economic well-being, coupled with the soaring unemployment



rate, will undoubtedly continue to create an influx of new Marketplace and Medicaid enrollees, and patients and providers alike will suffer post-traumatic stress from the health crisis.

“It’s been especially traumatic for those who weren’t able to be by the bedsides of loved ones who succumbed to COVID-19, but we’re all mourning, in a sense, for life as we knew it before,” says Crociata. “There’s a cohesiveness, as we all weather that together — and that’s a good thing. With treatment, hopefully the brunt of long-term implications of this complex grief can be mitigated.”

Centene was quick to pull together a task force to examine the immediate, medium and long-term impacts of the pandemic and, at

press time, is developing solutions to benefit both our minds and our bodies in a post-coronavirus world.

“We are dedicated to removing obstacles that may interfere with our membership getting the best care,” says Buttermann. “We’ll do so by collaborating with our provider network that’s entrenched in their communities. There’s a partnership there, and we’re all focused on achieving the same outcome — a healthier community.”

COVID-19 is undeniably a daunting challenge for those tasked with caring for an anxious nation’s mental health, but Centene Behavioral Health stands ready to continue working alongside community behavioral health care providers.

Six Ways to Create Symbiosis Between Mental and Physical Health

- 1** Treat the “whole patient” by making behavioral health evaluation a standard component of physical exams.
- 2** Consider data (such as ACE scores) for insights into treatment compliance and illness susceptibility.
- 3** Discuss mental health in simple, scientific terms, as you’d discuss a physical condition.
- 4** Leverage external resources like Centene’s training and field support.
- 5** Practice collaborative “care shaping” with other community providers and stakeholders.
- 6** Be mindful of complex grief brought on by COVID-19. Patients who have not previously exhibited depression or anxiety may have symptoms stemming from extended confinement and uncertainty.

Centene Quality Improvement and HEDIS Teams Help Providers Optimize Care



Leveraging HEDIS as a method to measure Quality performance is not a new concept, but it's one that is more important than ever, given the changing healthcare landscape. As Centene's Staff VP for Quality Improvement Strategy, Elissa Toder and her team help providers implement and use quality measurements and tools to keep care standards high.

Decoding HEDIS Data: Q&A With Elissa Toder

1 **How does HEDIS data help providers in ensuring quality care?**

In its simplest terms, HEDIS is the accounting of services completed during a measurement year. This includes all services documented by a provider and reported to the National Committee for Quality Assurance (NCQA). HEDIS measures leverage evidence based medicine and standard of care for both preventive and chronic care. HEDIS measures guide providers to focus on prevention, which we know keeps costs and health incidents down. Whether you're managing care for a Medicaid, Medicare or Marketplace consumer, HEDIS is the basis of your quality performance and determines the effectiveness of the quality of care provided to Centene members.

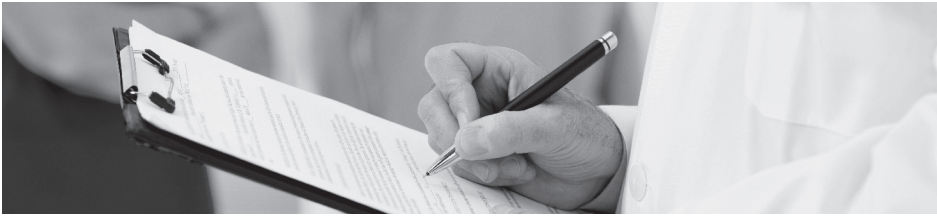
2 **How do HEDIS guidelines compare to those set by clinical practice?**

NCQA developed HEDIS measures in an effort to provide and apples to apples comparison of healthcare providers and systems. Its rules and reporting deadlines ensure consistency and accurate reporting. HEDIS measures are based on recommended clinical practice guidelines, and it's important to understand how to meet those measures in order to provide the best healthcare for the patient. Providers will always have their own established ways of treating patients. HEDIS guidelines exist not to change this, but to provide continuity to ensure patients receive excellent care no matter where they are. Providers can think of these measures as another

resource to help them identify patient health needs that may not otherwise be present without the preventive and screening metrics in place.

3 **How does Centene support its providers with HEDIS and performance measurement?**

We offer resources to providers to help them to be successful, 365 days a year. These resources include provider education (through a provider relations representative or a quality practice advisor), HEDIS tool kits, quick reference guides, quality analytics and member gaps in care reports. In addition to tools and resources, we partner and work with external organizations like NCQA, America's Health Insurance Plans (AHIP) and Centers for Medicare & Medicaid Services (CMS) to advocate



for and implement changes that benefit our members and providers. Many health plans who interact with providers have a team of quality HEDIS experts and nurses on staff to help providers implement strategies for closing a member gap in care and provide education to the doctor and/or office staff.

4 To what degree will COVID-19 impact 2020 HEDIS reporting?

The healthcare industry’s focus on HEDIS is never going to go away because they serve as a useful guide to help providers with insights to better care for their patients.

NCQA added telemedicine options for some HEDIS measures, which will help bridge the gap in some instances. Other HEDIS measures still rely on a physical interaction between the member and provider.

As we look towards HEDIS Reporting in 2021, I can still see some area that will remain problematic and am hopeful that there will be increased reliance on digital solutions to help adjust. Time will tell what adjustments providers might need to make to comply with 2021 HEDIS reporting.

5 What action(s) should providers take to provide accurate and useful HEDIS data?

In today’s world, it’s imperative to address a member’s social determinants of health, because they’re not going to take care of their healthcare needs before they take care of their families or their individual immediate basic needs. It’s really hard to encourage a patient to go for a breast cancer screening if she’s food or housing insecure.

The better the billing information a provider gives us, the more comprehensive view we have to partner together and identify members who are having health issues to connect them to the right programs. Correct billing codes provide the data we need to assess member gaps in care and better track outcomes. I like to say, “Do it, document it, bill it.” Do the services for the member, document everything in your medical record, bill every available code (payable or not) to the Health Plan. Its important for us to help a provider to understand their billing practices or build a strong relationship with their billing company. This information is priceless.

While the COVID-19 pandemic continues to slow and shift and operations for many providers, it’s more crucial than ever to improve health outcomes for our members.

Five Core Measures to Keep in Mind to Improve Patient Outcomes

- 1** Continue to focus on prevention to minimize health incidents, stress on the patient and related costs
- 2** Properly diagnose and treat conditions (whether consulting patients in-office or via telemedicine)
- 3** Identify and bridge gaps in care for all members
- 4** Monitor progress and areas of concern; keep detailed records of both
- 5** Use quality measurements and tools, like HEDIS, to evaluate services and healthcare plans

For additional information on HEDIS measures click [here](#).

Five Ways Centene Is Innovating to Improve Care



The logistical challenges posed by 2020’s pandemic led to a quick acceleration of telemedicine, allowing patients to seek medical counsel from the safety of home — but this isn’t the only timely innovation Centene credits with helping create a healthier population, one member at a time.

Tom Britt, Centene’s Regional Vice President in charge of digital technologies, shares five reasons to be excited about transformational innovations shaping the future of managed care.

1. Interoperability. At its core, interoperability makes it possible for stakeholder companies to exchange data and information about a patient’s health. “I think this is a very big innovation that will really help evolve the industry in ways yet to be determined,” Britt predicts. “It’s all about getting better health outcomes and better access to care for our patients.”

2. Increased acceptance of telehealth. “Telemedicine was actually growing prior to COVID-19, but there’s a lot more acceptance of it now — and I think that will continue to grow in coming years,” says Britt.

3. Customized care modeling. “It’s really helpful to work directly with providers and state plans to make sure we’re understanding exactly what a

patient needs,” states Britt. “Healthcare management can be more of a scalpel than a sword. A customized model allows us to meet individual providers, and their nuanced state needs, to get them exactly what they need, when they need it.”

4. More data and analytics. Centene’s provider analytics tool gives providers aggregated insights and key performance indicators to help them ensure effective care. “This allows them to better identify and mitigate care gaps,” says Britt.

5. Innovations woven throughout the patient care journey. Britt says it’s hard to name one specific innovation when Centene is striving to innovate at every link in the customer care journey. “It’s easy to become siloed while focusing on a

specific clinical or onboarding piece,” he says. “We’re taking strides to innovate from the moment a member begins their healthcare journey, from their visit to follow-up, explanation of benefits and any bills they may receive.” These improvements include communications that are easy to understand and timely.

“Together, these innovations can alleviate many of the frustrations that can come with seeking healthcare,” says Britt. “Interoperability in particular has the potential to significantly improve the overall patient experience. I think it’s going to transform healthcare in this country.”

To learn about future Centene innovations, click [here](#).

How a Pay-for-Performance Model Simplifies the Healthcare Delivery System

Value-based care. Pay for Performance. Upside versus downside contracts. It's a lot of terminology that boils down to one common goal: giving patients, and their providers, more control for better health outcomes.

As a Senior Manager of Provider Engagement Strategy on Centene's Payment and Innovation Team, Christine Hereford fields a lot of questions related to the nuances of a Pay-for-Performance (P4P) model, under its value-based care structure.



Christine Hereford

“Pay for Performance’ is the payment innovation pillar that houses our upside arrangements — those based on HEDIS measures, for which

providers have the opportunity to be paid an incentive based on their performance,” she explains. “Upside- and downside [risk]-based contract defines the level of financial risk entailed to the provider, based on either a surplus or deficit within their programs, in terms of the value provided to patients.”

The past decade has seen a significant shift from fee-for-service payment models to fee-for-value models — a trend that Hereford credits with simplifying the patient health journey.

“As patients visit their PCP offices, they will potentially be referred to a specialist and could end up seeing as many as four or five doctors for one issue, with the PCP serving as the primary lead for care coordination,” Hereford says. “By helping their patients navigate what can be a daunting process, these providers tend to see higher patient satisfaction rates, a higher level of engagement from their members and better care efficiencies; so the patient, Provider and payer benefit from this care coordination approach.”

The Upside to Healthcare

Centene’s payment innovation structure includes dedicated, health plan-facing personnel to engage with providers about its value-based contracts, as well as a full reporting suite to help providers more effectively manage their panels. For example, Centene’s Provider Analytics, a secure portal and provider-facing reporting platform, offers monthly scorecards that allow providers to view their comprehensive member panel, down to the granular level of knowing which panelists are overdue for mammograms and other crucial preventive screenings.

“Medicaid member panels tend to change often, and this population tends to have transportation and access issues that are also difficult to track,” says Hereford. “So, we really try to partner with our providers to help them engage their members in innovative ways to mitigate these barriers.”



A Population Health Approach

When it comes to cost controls and patient management, PCPs play a crucial role in engaging members to manage their overall health. This “population health approach” is crucial for minimizing avoidable costs.

“When providers effectively manage their panel, those patients are getting in for annual visits; the pediatric population is getting recommended immunizations,” Hereford says. “By catching issues before they become acute conditions, you alleviate many conditions that, left untreated, require more management at higher costs.”

Centene designed the Social Health Bridge program to help providers bridge the gap between community organizations to deliver a better approach in tackling social determinants of health. The goal is improving the health of a population, one person at a time, by providing access to reliable transportation and

addressing food insecurity, stable housing, social interaction and more.

Likewise, by expanding its partnership with Quartet’s national network of care options, Centene is also making virtual tele-psychiatry and tele-therapy available to those who need it most — especially given the COVID-19 health crisis.

Through programs, technology, partnerships and value-based care models, Centene strives to offer its providers the innovations and tools they need to optimize their patients’ health.

“No one has created a one-size-fits-all solution for the provider payment landscape yet,” says Hereford. “However, I think Centene is unique in that we really think outside the box to try to meet providers and members where they are, through a variety of options.”

Centene, Providers Partner to Use Data to Bend Population Health Trends

The old adage, “a rising tide raises all boats” may not have been penned with population health in mind, but it’s a sentiment that population health professionals can likely relate to. By improving health outcomes of their patients, one member at a time, providers are positively impacting the health of the populations they serve, and driving down treatment costs in the process. It’s no small feat, but it’s being made possible by improved health analytics.



Dr. Howard Shaps

“By understanding population health data, providers are able to get ahead of issues before they develop,” states Dr. Howard Shaps, Centene’s Vice President and Deputy Chief Medical Officer. “This level of sophistication leads to better overall patient health, delivered by our medical providers and improved member outcomes for healthplans.”

Take diabetes, for example. Armed with population health data, Centene can spot utilization patterns. If a diabetes hot spot is detected in a population, Centene can then work with community partners like schools, farmer’s markets or even the local YMCA to promote preventative measures like diet and exercise to reduce the occurrence of diabetes, as opposed to treating it. Data trends can then be used to track utilization changes to gauge the effectiveness of prevention protocols. It’s a new — and powerful — capability.

“Our ability to use data to inform population health strategies has improved dramatically in recent years,” says Lori Howard, Regional Vice President, Digital and Clinical Systems, Centene. “We’re now able to use a lot more emerging risk data, in tandem with insights gleaned from our analytic models, to develop programs that allow us to be very proactive. This has a powerful financial impact, but more importantly, it dramatically improves quality of life for population members.”



Population Health Data: A Powerful Prevention Tool

Improved Technology, Improved Patient Outcomes

As technology continues to improve, so will providers' abilities to engage with their patients to change habits.

"We're starting to see more technology being implemented at the patient level through remote patient monitoring — checking blood pressure, oxygen levels and blood glucose levels," says Shaps. "With this technology, providers have greater opportunity to interact with their patients, providing a higher touch for at-risk populations through text, phone calls or telemedicine."

These innovations don't end at the provider level. "Technology is making it easier for us to better support them in targeting interventions, and to better support our members in the broadest sense of holistic care and prevention," says Jennifer Michael, Vice President, Enterprise Population Health Programs, Centene.



Jennifer Michael



This comes at a time when our nation has a collective and increased emphasis on prevention. This fall, Centene is launching a Fluvention program as part of a greater campaign to encourage smart flu-prevention habits — a measure that's more important than ever before, given the pandemic crisis.

"Centene continues to invest in technology solutions that allow us to better analyze our internal data (claims, authorizations and quality data) in order to evaluate how well we're addressing population and provider needs," says Michael. "Looking to the future, we'll continue to use this data to partner with our providers to help them pinpoint and target impactful interventions at the practice level."

As agencies like the Centers for Medicare & Medicaid Services (CMS) move towards more delegation of care management, the partnership between managed care companies and their provider networks will only grow stronger to affect change.

"The combined use of artificial intelligence and the notion of predictive modeling have already proven incredibly powerful in bending the trend of population health," says Wendy Faust, National Vice President, Care Management, Centene. "The data this yields allows us to show our providers the value membership of care management and help them understand preventative risk."

Such partnership between managed care and health providers is proving vital to optimizing population health.

"Whether we're talking about the flu, diabetes or prenatal care, our goal is to offer the best healthcare to our members. — Fostering an open dialogue with our providers, and ultimately our members, will help us to obtain best outcomes," says Shaps. "Whether we work as a healthcare provider or a managed care provider, we all went into the healthcare industry with a common reason: to improve the health of the patients we serve. It's what drives us to do our work every day."