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Centene Addresses Behavioral Health Challenges Amid National Mental Health Month - May 18, 2021

Health payers play critical role in care coordination to address physical and mental health needs

ST. LOUIS, May 18, 2021 /<u>PRNewswire</u>/ -- Centene Corporation (NYSE: CNC) today announced its support for National Mental Health Month through a number of initiatives that empower providers and individuals to address behavioral health challenges, including substance use disorder (SUD). This year, the observance carries added significance as communities attempt to recover from the COVID-19 pandemic and the additional stressors that impacted overall health, including fear, isolation, and economic anxiety.

Furthering Centene's commitment to treating the whole health of its members, in January 2021, Centene and Magellan Health, Inc. announced that they have entered into a definitive merger agreement under which Centene will acquire Magellan Health. Upon closing, the acquisition will broaden and deepen Centene's whole health capabilities and establish a leading behavioral health platform at a critical time.

The <u>Centers for Disease Control and Prevention reported</u> that 31% of U.S. adults reported symptoms of anxiety or depression and 26% reported stress-related symptoms, numbers nearly double the rates expected before the pandemic. Evidence shows that behavioral health challenges can also drive substance misuse, which can further exacerbate those challenges and impact a person's overall health. Amid the COVID-19 pandemic, substance use for those with SUD increased by 20% along with a <u>surge in first-time diagnoses of SUD</u>.

"Behavioral health challenges require a comprehensive approach to care that considers the physical and mental health needs of individuals," said Centene's Chief Behavioral Health Officer, Brett Hart, PhD. "At Centene, we recognize that we are in a unique position to support behavioral health challenges, as we can serve as care integrators to help ensure they're supported at each stage of the care continuum."

Centene is committed to providing solutions to help individuals overcome behavioral health challenges and resulting conditions such as SUD. In recognition of National Mental Health Month, Centene is continuing to offer support through programs and partnerships such as:

- **Centene OpiEnd**[™] This evidence-based program uses predictive modeling to identify members at high risk of developing an opioid addiction to prevent worsening of symptoms by connecting members to necessary care.
- **Partnership with YWCA** The <u>Young Women Choosing Action</u> program engages teenage girls from lowincome families, especially communities of color, to teach them about the impacts of trauma and develop relationship and leadership skills.
- Expanded Partnership with Quartet Health <u>The partnership</u> extends Quartet's national network of care options such as virtual tele-psychiatry and tele-therapy to members nationwide to improve behavioral health care accessibility.
- **Provider Training & Support** Centene Advanced Behavioral Health trains hundreds of clinicians on HEDIS® behavioral health measures, treatments, diagnostic codes, and service codes to improve health outcomes.
- Suicide Safer Care Program In collaboration with the Association of Clinicians for the Underserved and Concert Health, this program provides trainings to health centers on evidence-based practices for suicide prevention in primary care, including screening, testing, and intervention techniques.
- **Choose Tomorrow**[™] Centene's suicide prevention program uses predictive modeling and evidencebased practices to identify suicide risk, determine the best course of intervention, and monitor the member's treatment progress to improve outcomes and prevent suicide.

For more information about Centene's commitment to behavioral health and addressing substance misuse, visit <u>www.centene.com</u>.

About Centene Corporation

Centene Corporation, a Fortune 50 company, is a leading multi-national healthcare enterprise that is committed to helping people live healthier lives. The Company takes a local approach – with local brands and local teams – 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 highquality products to nearly 1 in 15 individuals across the nation, including Medicaid and Medicare members (including Medicare Prescription Drug Plans) 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 focuses on long-term growth and the development of its people, systems and capabilities so that it can better serve its members, providers, local communities, and government partners.

Centene uses its investor relations website to publish important information about the Company, including information that may be deemed material to investors. Financial and other information about Centene is routinely posted and is accessible on Centene's investor relations website, <u>http://www.centene.com/investors</u>.

Forward-Looking Statements

All statements, other than statements of current or historical fact, contained in this press release are forwardlooking statements. Without limiting the foregoing, forward-looking statements often use words such as "believe," "anticipate," "plan," "expect," "estimate," "intend," "seek," "target," "goal," "may," "will," "would," "could," "should," "can," "continue" and other similar words or expressions (and the negative thereof). Centene (the Company, our, or we) intends such forward-looking statements to be covered by the safe-harbor provisions for forward-looking statements contained in the Private Securities Litigation Reform Act of 1995, and we are including this statement for purposes of complying with these safe-harbor provisions. In particular, these statements include, without limitation, statements about our future operating or financial performance, market opportunity, growth strategy, competition, expected activities in completed and future acquisitions, including statements about the impact of our proposed acquisition of Magellan Health (the Magellan Acquisition), our recently completed acquisition of WellCare Health Plans, Inc. (WellCare and such acquisition, the WellCare Acquisition), other recent and future acquisitions, investments and the adequacy of our available cash resources. These forward-looking statements reflect our current views with respect to future events and are based on numerous assumptions and assessments made by us in light of our experience and perception of historical trends, current conditions, business strategies, operating environments, future developments and other factors we believe appropriate. By their nature, forward-looking statements involve known and unknown risks and uncertainties and are subject to change because they relate to events and depend on circumstances that will occur in the future, including economic, regulatory, competitive and other factors that may cause our or our industry's actual results, levels of activity, performance or achievements to be materially different from any future results, levels of activity, performance or achievements expressed or implied by these forwardlooking statements. These statements are not guarantees of future performance and are subject to risks, uncertainties and assumptions. All forward-looking statements included in this press release are based on information available to us on the date hereof. Except as may be otherwise required by law, we undertake no obligation to update or revise the forward-looking statements included in this press release, whether as a result of new information, future events or otherwise, after the date hereof. You should not place undue reliance on any forward-looking statements, as actual results may differ materially from projections, estimates, or other forward-looking statements due to a variety of important factors, variables and events including, but not limited to: the impact of COVID-19 on global markets, economic conditions, the healthcare industry and our results of operations and the response by governments and other third parties to COVID-19; the risk that regulatory or other approvals required for the Magellan Acquisition may be delayed or not obtained or are subject to unanticipated conditions that could require the exertion of management's time and our resources or otherwise have an adverse effect on us; the possibility that certain conditions to the consummation of the Magellan Acquisition will not be satisfied or completed on a timely basis and accordingly the Magellan Acquisition may not be consummated on a timely basis or at all; uncertainty as to the expected financial performance of the combined company following completion of the Magellan Acquisition; the possibility that the expected synergies and value creation from the Magellan Acquisition or the WellCare Acquisition will not be realized, or will not be realized within the respective expected time periods; the risk that unexpected costs will be incurred in connection with the completion and/or integration of the Magellan Acquisition or that the integration of Magellan Health will be more difficult or time consuming than expected; the risk that potential litigation in connection with the Magellan Acquisition may affect the timing or occurrence of the Magellan Acquisition or result in significant costs of defense, indemnification and liability; a downgrade of the credit rating of our indebtedness, which could give rise to an obligation to redeem existing indebtedness; the inability to retain key personnel; disruption from the announcement, pendency, completion and/or integration of the Magellan Acquisition or from the integration of the WellCare Acquisition, or similar risks from other acquisitions we may announce or complete from time to time, including potential adverse reactions or changes to business relationships with customers, employees, suppliers or regulators, making it more difficult to maintain business and operational relationships; our ability to accurately predict and effectively manage health benefits and other operating expenses and reserves, including fluctuations in medical utilization rates due to the impact of COVID-19; competition; membership and revenue declines or unexpected trends; changes in healthcare practices, new technologies and advances in medicine; increased healthcare costs; changes in economic, political or market conditions; changes in federal or state laws or regulations, including changes with respect to income tax reform or government healthcare programs as well as changes with respect to the Patient Protection and Affordable Care Act and the Health Care and Education Affordability Reconciliation Act (collectively referred to as the ACA) and any regulations enacted thereunder that may result from changing political conditions, the new administration or judicial actions, including the ultimate outcome in "Texas v. United States of America" regarding the constitutionality of the ACA; rate cuts or other payment reductions or delays by governmental

payors and other risks and uncertainties affecting our government businesses; our ability to adequately price products; tax matters; disasters or major epidemics; changes in expected contract start dates; provider, state, federal, foreign and other contract changes and timing of regulatory approval of contracts; the expiration, suspension, or termination of our contracts with federal or state governments (including, but not limited to, Medicaid, Medicare, TRICARE or other customers); the difficulty of predicting the timing or outcome of pending or future legal and regulatory proceedings or government investigations; challenges to our contract awards; cyber-attacks or other privacy or data security incidents; the possibility that the expected synergies and value creation from acquired businesses, including businesses we may acquire in the future, will not be realized, or will not be realized within the expected time period; the exertion of management's time and our resources, and other expenses incurred and business changes required in connection with complying with the undertakings in connection with any regulatory, governmental or third party consents or approvals for acquisitions, including the Magellan acquisition; disruption caused by significant completed and pending acquisitions making it more difficult to maintain business and operational relationships; the risk that unexpected costs will be incurred in connection with the completion and/or integration of acquisition transactions; changes in expected closing dates, estimated purchase price and accretion for acquisitions; the risk that acquired businesses will not be integrated successfully; restrictions and limitations in connection with our indebtedness; our ability to maintain or achieve improvement in the Centers for Medicare and Medicaid Services (CMS) Star ratings and maintain or achieve improvement in other quality scores in each case that can impact revenue and future growth; availability of debt and equity financing, on terms that are favorable to us; inflation; foreign currency fluctuations and risks and uncertainties discussed in the reports that Centene has filed with the Securities and Exchange Commission. This list of important factors is not intended to be exhaustive. We discuss certain of these matters more fully, as well as certain other factors that may affect our business operations, financial condition and results of operations, in our filings with the Securities and Exchange Commission (SEC), including our annual report on Form 10-K, quarterly reports on Form 10-Q and current reports on Form 8-K. Due to these important factors and risks, we cannot give assurances with respect to our future performance, including without limitation our ability to maintain adequate premium levels or our ability to control our future medical and selling, general and administrative costs.

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