

**HSD BHS Operation Meeting**

March 19, 2025 | 1:00-2:30pm

MS Teams

**Present:** County of San Diego (COSD) Behavioral Health Services (BHS), Blue Shield Promise (BSP), Kaiser Permanente (KP), Community Health Group (CHG), Molina Healthcare of California, MH Contractors Association, Optum Administrative Services Organization, SCAN, Alcohol and Drug Services Providers Association (ADSPA)

ITEM	SUMMARY	ACTION ITEM
<p><b>1. Welcome/Introductions</b></p>		
<p><b>2. Additional Topics</b></p> <ul style="list-style-type: none"> <li>a. HR1: MCPs in other counties are looking at creating some volunteer pathways to meet the Medi-Cal work reporting requirements to maintain Medi-Cal using some funds for MCPs.               <ul style="list-style-type: none"> <li>• Are any local MCPs looking into anything similar?</li> </ul> </li> <li>b. Reminder: Submit Recommended Edits/Updates – Provider Resource Training and Member Resource Education</li> </ul>	<ul style="list-style-type: none"> <li>a. COSD BHS initiated a discussion on H.R.1 to assess whether MCPs are exploring strategies to support Medi-Cal members in meeting new work reporting requirements, including potential volunteer pathways. MCP representatives shared that while exploratory discussions and internal inquiries are underway, both locally and in other counties, no formal or implemented initiatives currently exist. Kaiser Permanente noted that established volunteer departments across its service areas may offer a potential avenue to support this effort.</li> <li>b. COSD BHS reminded MCPs to submit recommended edits and updates for the Provider Resource Training and Member Resource Education materials. Kaiser Permanente confirmed submission of proposed updates, and BSP indicating additional recommendations from the behavioral health workgroup to be shared.</li> </ul>	<ul style="list-style-type: none"> <li>a. COSD BHS to share updates from other counties as they become available; MCPs to continue internal discussions, as applicable.</li> <li>b. MCPs to submit any remaining recommended edits to COSD BHS for incorporation into updated materials.</li> </ul>

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<b>3. MOU Requirements.</b> <ul style="list-style-type: none"> <li>a. Joint Operating Guidelines               <ul style="list-style-type: none"> <li>• (Note: No feedback or edits were received. The current version will be finalized for posting.)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>a. COSD BHS shared that the Joint Operating Guidelines, previously discussed in prior meetings, have been reformatted into a policy-style document and have not received additional feedback from MCPs. Absent any concerns raised by COB, the document will be considered approved and finalized for distribution.</li> </ul>	<ul style="list-style-type: none"> <li>a. MCPs to submit any final concerns by COB; otherwise, COSD BHS will finalize and distribute.</li> </ul>
<b>4. QI Activities</b> <ul style="list-style-type: none"> <li>a. Highlights from the QI Meetings</li> </ul>	<ul style="list-style-type: none"> <li>a. Updates from the QI meetings highlighted progress on BHAS measure data submission, with one MCP having submitted data and others in progress. MCPs (KP and BSP) are participating in PDSA cycles and sharing ADT files with the County to support follow-up on MCP-3 members, as well as broader ADT data exchange efforts (including MCP-2 populations). COSD BHS noted BHAS reporting is nearing completion following the HSAG virtual review, with final templates due in May and MCP data due to CalMHSA by April 10. CalMHSA is coordinating directly with KP and Molina and anticipates receiving data in the coming weeks, while COSD BHS continues working with BSP and CHG, with CHG having submitted medical claims and finalizing pharmacy data. Additional updates included the release of the Data Sharing BHIN and ongoing MCP-3 data exchange efforts.</li> </ul>	
<b>5. Dispute Resolution Process</b>	No dispute resolution issues were raised.	
<b>6. Systematic and Case-Specific Concerns</b>	No systematic or case-specific concerns were raised.	

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<b>7. Data Exchange/Interoperability</b> a. MCP-3 Updates	a. COSD BHS provided updates on MCP-3 enhancements, including exploration of additional data fields (e.g., ECM enrollment status, ECM provider attribution, and provider taxonomy codes). COSD BHS will share an updated MCP-3 report profile following a discrepancy identified in the January file. Related efforts include incorporating MCP-2 ADT data into the broader data exchange. Additionally, COSD BHS shared that CalMHSA tools (e.g., ADT modules and closed-loop referral functionality) are being explored to support future data exchange, though still in early stages.	a. MCPs to assess feasibility of incorporating proposed MCP-3 data fields; COSD BHS to share updated MCP-3 report profile.
<b>8. Other/Additional Topics</b> a. ECM Referrals	a. COSD BHS revisited opportunities to streamline ECM referrals, including whether MCPs could initiate outreach based on MCP-3 data. MCPs noted current limitations, including member consent and referral requirements, though it was clarified that ECM providers can initiate referrals directly in some cases. Key barriers to enrollment were identified, including limited member understanding of ECM benefits and reliance on phone-based outreach. The group discussed potential strategies to improve uptake, including embedding ECM providers within County clinics, strengthening provider-to-provider coordination, and increasing in-person engagement. Interest was noted in exploring pilot approaches. COSD BHS also shared that EDO providers have incorporated ECM information-sharing into workflows. Additional discussion highlighted the need to improve visibility of ECM offers and enrollment status in data	a. MCPs to assess feasibility of streamlined referral approaches (including ECM provider-initiated referrals and clinic-based models); COSD BHS to support coordination with County clinics and advance data visibility and interoperability efforts.

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<p>b. TOC Data</p> <p>CY2026 Quarterly Meetings</p> <ul style="list-style-type: none"> <li>a. March 19, 2026</li> <li>b. June 18, 2026</li> <li>c. September 17, 2026</li> <li>d. December 17, 2026</li> </ul>	<p>systems, along with ongoing interoperability efforts (e.g., SD Health Connect).</p> <p>b. COSD BHS shared initial Transition of Care (TOC) data, highlighting connection rates and “No Match” rates across 244 transitions in FY 2025–26, and reviewed the current manual spreadsheet process used to track transitions. Data issues were attributed in part to inconsistent workflows, including providers sending TOC forms outside designated channels. COSD BHS noted that recent re-messaging to providers on proper submission workflows may be contributing to early improvements in “No Match” rates, though challenges remain. MCPs also noted areas for improvement with the current spreadsheet process, with some MCPs expressing interest in more automated or centralized approaches.</p> <p>Additional discussion highlighted operational barriers to address as a continuous improvement process. COSD BHS also noted potential new EHR-based tracking capabilities that are being explored to improve visibility into TOC submissions.</p>	<p>b. COSD BHS to facilitate a deep dive on TOC data fields and process maps and include the topic as an agenda item at the next meeting; MCPs to provide input on process improvements and data requirements to support more effective TOC workflows.</p>

**Next Meeting:** Thursday, April 16, 2026, 1PM