LIVE WELL SAN DIEGO

HSD BH QI Projects Workgroup Meeting

June 25, 2026 | 10:00 – 10:45 AM

Microsoft Teams

Present (21 Attendees): County BHS Staff (Nora David, Nicole Esposito, Jacqueline Hamed, Catherine Houghton, Marie Kort, Carol Manisouk, Conscilia Nwabueze, Kimberly Work, Maria Zapata), **Blue Shield** (Amie Eng, Salvador Tapia) **Community Health Group** (Jose Leal, Jan Muyot, Gabriela Ruvalcaba), **Kaiser** (Molly Tanner, Jessica Wonderly), **Molina** (Laurence Gonzaga, Elizabeth Whitteker), **SCAN** (Zachary March), **UCSD** (Kimberly Center, Katherine Wan)

ITEM	SUMMARY	ACTION ITEM
1. Welcome/Introductions	• 23rd meeting in this series • Jessica Wonderly, representing Kaiser, gave her introduction.	N/A
2. Request for Additional Topics	• None provided by the group	N/A

3. Data	**<u>Data Exchange for BHAS</u>**
	• All MCPs submitted BHAS data; HSAG confirmed receipt and asked follow-up questions, which the County answered.
	• The County is awaiting final determination but is optimistic about not receiving a DNR this year reflecting strong collaboration between the BHP and MCPs.
	• MY 2026 timelines discussed:
	  ○ Preliminary data likely needed in January 2027
	  ○ Submission of data in February 2027
	  ○ Final calculations in Spring 2027
	• The County indicated that the previous submission deadline was mid-December, which may not have corresponded with MCPs' timelines; aligning preliminary data submissions by both BHP and MCPs could streamline the process.
	• CalMHSA webinar was scheduled to support MY 2026 planning.
		• County to share more MY 2026 details from the CalMHSA webinar with MCPs.

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Data cont.	**<u>MCP3 and MCP2 File Update</u>**
	• County provided updates on the MCP3 File
	  ○ MCP3 file was delayed last month due to logic integration of ASCMI forms and other consents.
	  ○ Provider Taxonomy Codes have been added and distributed to MCPs in the latest file update.
	• MCPs requested to include an ASCMI consent flag; group agreed that this was beneficial.
	• Questions were raised about whether adding ASCMI information to the MCP3 file would be redundant, given the existence of the Consent Management Platform (CMP) (being released 1 July 2026; there are some MCPs that are early adaptors of CMP) and other methods for managing ASCMI. Since there are multiple platforms and approaches already in place, it was suggested that it might be preferable to utilize the State's platform for this purpose.
	• For MCPs that are not part of the early CMP adaptors phase, adding the consent filed would not be duplicative; moving forward with its inclusion is recommended.
	• A question was raised regarding whether revocations on the release would be updated on the MCP3 file.
	• Consent can change, so the most recent information from ASCMI will likely be used for each member, rather than keeping historical consent records. Updated MCP3 report profiles were sent out via email last week, and MCPs and their data teams have been notified of the newly added fields.
	• County provided an update on the MCP2 File – the MCP2 report is pending regeneration in Optum's development queue; this report is imperative to ADT sharing under MPL/BHIN requirements.
		• The County will work to add the ASCMI consent flag to the MCP3 file.
		• MCPs should review new taxonomy code fields and notify the County of any issues.
		• The County to find out if the CMP consent field can be added to the MCP3 file and if it would be added by pulling data from CMP.
		• The County should be informed of any issues regarding

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QI Activities	**ECM Data Sharing** • The County has been directly contacting each MCP to determine which data can be shared, which cannot, and what fields are accessible. • CalAIM ECM data-sharing authorization guidance reviewed with link provided. The authorization guidance addresses data sharing between MCPs and ECM providers and was suggested as a process to anchor to, helping to prevent MCPs from developing duplicate plans. • MCPs discussed required monthly member roster fields required by the APL. • Updated 2024 version of the roster template identified. • Alignment needed of this required roster to reduce duplication and streamline shared data processes. **BH Connect Incentive Program** • Behavioral Health (BH) Connect is a Medicaid incentive program for BHPs tied to care access, outcomes, NCQA standards, and utilization of ECM. • The County explained what BH Connect is, eligibility and provided the following summarized definition: ○ BH Connect Community networks provide equitable care through a 5-year Medicaid incentive program. BHPs opt in, aim to meet specific metrics, and may receive financial rewards for their performance. • The County is exploring strategies to build momentum for increasing ECM membership. Additional areas of focus include Medi-Cal Connect and a review of HEDIS metrics for which the group is accountable for, particularly analyzing the impact of ECM participation on FUA/FUM compared to non-participation.	• The County will work individually with MCPs to establish ECM data-sharing workflows. • MCPs to review roster template and identify required fields.

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QI Activities cont.	**<u>ADT Data</u>** • MCPs shared current ADT data sources and limitations ○ Blue Shield: Point Click Care; exploring HEDIS modules ○ CHG: Receives ADT data directly from hospitals vice via Point Click Care ○ Kaiser: Reviewing possibilities with Point Click Care ○ Molina: Uses Point Click Care; noted limitations when hospitals are not subscribed. • The County is seeking ADT data sources and wants to explore CHG's direct connection model.	• County to follow up with CHG regarding their hospital-direct ADT workflow.
4. Next Steps	• Continue ECM Data Sharing Discussion • Provide updates on the MCP3 and MCP2 File progress • Develop a plan for data sharing between the County and MCPs to meet reporting and data sharing requirements. • Discuss PHM timelines and alignment across BHP, Public Health, and MCPs.	N/A
Next Meeting: August 27, 2026 10:00 – 10:45 AM		