

Topic: Referrals	Topic: Strategies to Avoid Duplication of Services	Topic: Dispute Resolution	Topic: Collaboration	Topic: Member Engagement
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Quarterly meetings focused on challenges related to referrals and transitions of care (TOC). Common concerns included barriers to transitioning, such as incomplete TOC tools that fail to document justification for step-downs and inappropriate requests that lead to disruptions in care. Additionally, issues arose when providers bypassed Managed Care Plans (MCP) and stepped down members without proper TOC documentation. There were discussions about aligning processes for smoother transitions and ensuring better coordination. Monthly meetings started 1/1/25 to address and resolve ongoing issues with referrals and improve processes overall. The goal is to streamline transitions and ensure that client care is not interrupted.

Quarterly meetings focused on strategies to avoid duplication of services through better data sharing and coordination. A key topic was the setup of weekly meetings to establish a data exchange, with a focus on creating data specifications based on MOU requirements, including enrollment, coordination, and encounters. The status of the data exchange file specification development for Mental Health (MH) was discussed, with both KHS and KernBHRS actively working on it. Additionally, KHS held a meeting with CalMHSA regarding their Connex interoperability solution, aiming to enhance data sharing and streamline processes, thereby reducing duplication of services and improving care coordination.

No dispute resolutions during this period.

Quarterly meetings discussed the collaboration between MCP and MHP, highlighting both strengths and challenges. One strength was the expansion of the Care Coordination Unit (CCU) at KernBHRS, which has completed internal training and is on track to manage all Transition of Care (TOC) functions by January 2025. A barrier identified was the challenge of managing cases where clients deemed ready for transition to a lower level of care were found unprepared after evaluation by Kern Health Systems (KHS), prompting the need for more case-specific discussions. Additionally, KHS is revising policies and will soon share them with KernBHRS, focusing on data exchange and MOU requirements. Challenges also arose in coordinating with ECM providers for difficult clients, with KHS expressing a need for better communication and coordination with KernBHRS. KHS suggested attending KernBHRS provider meetings to improve collaboration.

Quarterly meetings focus on member engagement challenges like incorrect or disconnected phone numbers, members unaware of transitions or referrals, and no-shows to appointments, all of which delay linkage to services. Teams review referral outcome reports, specifically tracking Closed Loop Referrals, to gauge engagement. Discussions center around implementing a data exchange process to monitor interactions, ensuring that the Managed Care Provider (MCP) is informed of referral status and whether members are actively engaged in treatment. Successes are seen in improving connection rates through timely follow-ups and accurate data.