



Points of Light

Streamlining Behavioral Health Care Coordination Through Interoperable Data Exchange

Points of Light 2026 Case Study 13

April 2026



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Executive Summary

Behavioral health providers at Western Arkansas Counseling and Guidance Center lacked real-time visibility into hospital and ED encounters and relied on manual clinical data submission for quality and risk adjustment reporting, limiting HEDIS and value-based performance visibility for Arkansas Total Care (a Centene Health Plan). The collaborators leveraged the statewide HIE (SHARE) to enable real-time ADT and CCD exchange. As a result, Western Arkansas Counseling and Guidance Center significantly improved post-discharge follow-up performance. Additionally, Centauri Health Solutions curated and transformed the clinical data so it could be immediately operationalized by the health plan for HEDIS performance and risk adjustment activities.

The Collaborators



Location: AR
Sizing: N/A



Location: AR
Sizing: 28 million members
(represents total current membership across all Centene health plans)



Location: AR
Segment: Value-based care



Headquarters: AZ
Segment: Value-based care

Points of Friction—Challenges to Be Solved

- **Behavioral health providers at Western Arkansas Counseling and Guidance Center lacked real-time visibility into hospital and ED encounters due to fragmented interoperability across multiple EHRs and care settings, limiting timely follow-up for high-risk patients:** The healthcare organization serves individuals with complex behavioral health needs—a vulnerable and underserved population that frequently interacts with EDs, inpatient facilities, and crisis services. However, the organization wasn't learning about admissions or discharges until days or weeks after the fact. Clinical data was siloed across hospitals, specialists, and referral partners, forcing care teams to rely on incomplete information and manual outreach. This lack of timely, comprehensive insights delayed post-discharge follow-up, medication adjustments, and crisis interventions for an underserved population during the most vulnerable periods of care, increasing the risk of unnecessary or avoidable readmissions, rising acuity, and poor patient outcomes.
- **Manual clinical data submission created administrative burden and limited accuracy for HEDIS and risk adjustment reporting:** Without automated exchange of CCDs and ADT data, providers had to manually gather and submit documentation for quality and risk programs; this was a time-consuming process that diverted staff from patient care, increased the potential for missing information, and slowed reporting.
- **Arkansas Total Care lacked timely access to complete clinical information needed for care management, quality measurement, and value based performance:** As a managed care organization serving high need Medicaid populations, Arkansas Total Care requires accurate, longitudinal clinical data to identify care gaps, manage population risk, and meet quality and compliance requirements. Gaps in clinical data limited Arkansas Total Care's visibility into member encounters, delayed interventions after hospitalizations, and constrained their ability to guide Western Arkansas Counseling and Guidance Center to close care gaps and manage chronic conditions effectively.
- **Behavioral health providers had limited familiarity with HEDIS measures and value-based expectations:** Many participating providers had not previously operated within structured quality or VBC programs and needed education, transparent data, and ongoing guidance to understand attribution, documentation requirements, and performance expectations.

Action Plan—How the Collaborators Worked Together to Reduce Friction

- **The collaborators used the statewide HIE—the Arkansas State Health Alliance for Records Exchange (SHARE)—as the interoperability backbone to enable real-time, compliant clinical data exchange:** Western Arkansas Counseling and Guidance Center partnered with SHARE to implement automated ADT notifications and CCD exchange from the organization's EHR. SHARE normalized and governed the data, ensuring compliance with HIPAA, 42 CFR Part 2, and state privacy regulations. This infrastructure enabled real-time visibility into ED visits, inpatient admissions, and discharges across the state.
- **Arkansas Total Care implemented a value-based incentive framework to align provider engagement with quality and follow-up goals:** Arkansas Total Care designed and deployed a behavioral health value-based program that attributed eligible members to participating providers and compensated them through PMPM payments and annual performance bonuses. Incentives were tied to engagement requirements and

aggregate performance across targeted HEDIS measures. This financial alignment enabled providers to invest time and resources into care gap closure and proactive member outreach.

- **Western Arkansas Counseling and Guidance Center embedded real-time data into existing clinical and crisis workflows to support timely intervention:** The healthcare organization integrated SHARE notifications into their established crisis response and care coordination teams. Staff reviewed daily ADT reports to identify hospitalized patients, notify therapists, and schedule follow-up visits.
- **Centaury curated and transformed clinical data to align with payer workflows and approved use cases:** Centaury received structured clinical data from SHARE and performed member matching, curation, and formatting to ensure Arkansas Total Care received data that was immediately usable for HEDIS, risk adjustment, and care management workflows. This eliminated manual chart requests and reduced processing burden by delivering technology enabled, workflow ready data rather than raw or unstructured files.
- **Stakeholders met frequently during implementation to align goals, refine workflows, and support change management:** During early implementation, the collaborators met weekly to align on attribution models, data flows, reporting requirements, and provider education. As workflows stabilized, the cadence transitioned to biweekly, monthly, and then quarterly meetings focused on performance review and continuous improvement.
- **Arkansas Total Care and SHARE provided education and reporting support to build provider familiarity with HEDIS and VBC:** Arkansas Total Care and SHARE worked directly with providers to review reports, explain quality measures, and identify opportunities for improvement. Providers received actionable data highlighting care gaps and performance trends, enabling them to adjust workflows and close gaps more effectively.



Points of Light—Outcomes Achieved Through Collaboration

- **Western Arkansas Counseling and Guidance Center saw 30% improvement in timely post-discharge follow-ups.**
- **Real-time ADT notifications enabled Western Arkansas Counseling and Guidance Center to follow up within 24–48 hours of hospital events.**
- **The behavioral health HEDIS chapter rate increased from 2.82 prior to program implementation to 3.5 in 2024.**
- **The collaborators reduced administrative burden for providers:** Automated clinical data exchange replaced manual chart submission and reporting processes without requiring additional staff.
- **Western Arkansas Counseling and Guidance Center improved their follow-up after hospitalization for mental illness (FUH) performance:** Standardized notification and follow-up workflows improved compliance with FUH requirements.



Lessons Learned—What Best Practices Can Other Organizations Replicate?

- **Early training and structured communication accelerate adoption:** Frequent touchpoints during implementation helped providers understand quality measures, new workflows, and data-use expectations, and continued education supported adoption as roles and staffing evolved.
- **Deliberate communication cadence sustains alignment as programs mature:** Weekly or biweekly meetings early on—followed by less frequent check-ins once workflows stabilized—enabled rapid issue resolution and reinforced trust across organizations.
- **Strong, mission-aligned partnerships are foundational to success:** This collaboration worked because the collaborators shared accountability for outcomes, invested time in relationship-building, and approached challenges as a joint problem rather than a transactional data exchange.
- **Interoperability succeeds when data is curated for the receiving workflow, not just exchanged:** Delivering payer-ready data enabled immediate use for HEDIS, risk adjustment, and care management without overwhelming operational teams.
- **Trust, governance, and compliance must be established early:** To gain provider confidence and sustain their participation, it was essential for Western Arkansas Counseling and Guidance Center to address HIPAA and 42 CFR Part 2 requirements up front and clearly define approved use cases.



What's Next?—Vision for the Future

- **Expand and scale the model statewide:** Arkansas Total Care, SHARE, and Centaury plan to extend this interoperable data-sharing approach to additional behavioral health providers, including small and rural organizations.
- **Leverage data to deepen care coordination and outcomes improvement:** Western Arkansas Counseling and Guidance Center will continue using real-time ADT alerts and longitudinal clinical data to strengthen post-discharge follow-up, crisis stabilization, and proactive engagement for high-risk populations.
- **Expand into additional use cases across the healthcare ecosystem:** Centaury will continue building on existing connectivity and data standardization to support broader data sharing and enable new use cases across the healthcare ecosystem.
- **Expand and scale the model across additional populations and providers:** Arkansas Total Care plans to extend this approach to new member populations and provider types while increasing engagement with smaller behavioral health organizations, with the goal of reaching a broader share of members and driving more consistent, network-wide impact.