

 <p>KMTSJ, Inc.</p>	DEPARTMENT:	Case Management
	NCQA Standard:	PHM Element A, Factor 4
	SUBJECT:	Coordination of Services
	PRODUCT LINE:	All
	POLICY NUMBER:	HM114
	ORIGINAL POLICY EFFECTIVE DATE:	12/23/2020
	LAST REVISED DATE:	8/18/2025
	LAST REVIEWED DATE:	8/18/2025

Scope:

Group Health Cooperative of Eau Claire recognizes the importance of coordinating programs or services at the health plan but also with providers and community/county resources. Coordination helps to streamline information and services to the member to meet their needs and avoids duplication which in turn improves care and reduces cost. This policy outlines how programs and services are coordinated.

Coordination Processes:

Coordination of programs/services within the health plan:

When members are enrolled in multiple programs at the health plan, the outreach is coordinated by the staff involved through a number of different ways including:

1. Our electronic care management system allow all individuals working with the member to see outreach contacts, to view clinical documentation and program enrollment, to notify internal staff of transitions of care so that our outreach attempts and management of the member is coordinated.
2. Interdisciplinary care team meetings occur and help assign member interventions to GHC staff to avoid duplication.
3. Transitional Care Program.
4. Interdepartment meetings address processes to streamline coordination and avoid duplication and set clear expectations of each staff's role in management of the member.
5. A primary contact is assigned to the member who coordinates services at the health plan level.
6. A member advocate is available to assist with coordinating and communication with the member.
7. The GHC clinical pharmacist provides medication therapy management services to members as needed. This is coordinated by the case manager through the interdisciplinary care team meeting. The case manager or health education specialist can also refer a member to the clinical pharmacist for medication therapy management services.

Coordination with providers:

Case managers coordinate with providers through regular communication and by:

1. Attending member's clinic visits/appointments when applicable
2. Sharing care plans with providers
3. Including providers in interdisciplinary care team (ICT) meetings
4. Participating in the hospital's discharge planning meetings
5. Telephone outreach to provider's offices
6. Working with and coordinating with TCM (Target Case Management) providers

Coordination with community/county/social support resources:

Case managers coordinate with various resources depending on the member's individual needs including:

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1. Participating in care team meetings with county programs (CSP and CCS) when applicable
2. Case managers refer members to various resources
3. MOUs with PNCC programs to coordinate services for eligible members. On a monthly basis, GHC sends PNCC programs a list of members that are eligible for services based on the county they reside in and the qualifications for programs. The QI department tracks referrals and monitors and provides oversight of the process.
4. MOUs with WIC programs to coordinate services. GHC refers all WIC eligible members (and relevant medical information) to their local WIC agency on a monthly basis. The QI department tracks referrals and monitors and provides oversight of the process.
5. Partnership with Hmong Mutual Association
6. GHC internal resource directory helps identify resources for staff
7. Utilization Management Specialists are the assigned representatives that manage coordination of services with public health agencies or treatment programs within GHC's service area and OON providers for necessary or ongoing mental health/SUD services. The UM specialist job duties include reviewing prior authorization requests for these services when applicable, coordinating care within network and OON providers, and working with the member to ensure the member's needs are met timely. Member's transitioning from crisis intervention services will be transitioned to an appropriate level of ongoing care within 30 days of the crisis. GHC monitors the timelines for these requests through a Timeliness Report to ensure compliance.

Coordination across settings of care:

The Transitional Care Program ensures that care coordination is occurring to meet member's needs when transitioning between different settings of care. As members transition from the hospital setting or an institutional level of care, inpatient case managers will work with the member and the facility on discharge planning and help transition members to outpatient resources within the health plan (disease management, wellness program, outpatient case management) and community or county resources. The inpatient case manager will coordinate follow up appointments with providers as well to ensure continuity of care and a safe transition.

Coordination with external management entities:

1. Wellness data is obtained from the ETF wellness vendor and incorporated into our processes to ensure that we are not duplicating initiatives and to reinforce wellness, and to identify individuals for disease management or case management.
2. Our pharmacy benefits management vendor provides medication therapy management services to our D-SNP members.
3. The GHC clinical pharmacist coordinates pharmaceutical services with ESI, our PBM
4. Care plans are sent to the WI HIE (WISHIN) and data for the WISHIN PAR report is used to coordinate care
5. WIR and Stellar data is incorporated into our data warehouse to help coordinate vaccinations and lead testing

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Coordination with other health plans and health insurance:

GHC helps coordinate services that are provided by another HMO, Medicaid Fee-for-Service, and Medicare provided services as applicable to ensure members’ needs are met and to coordinate benefits and avoid duplication of services. Coordination of services may be through email, telephone, mail, fax, or other methods depending on the clinical situation. Coordination may include sharing clinical information, prior authorization details, demographics, health assessment results, and care plans or other information that improves the transition of care. GHC uses member-specific data provided by DHS to prevent duplication of services and to determine needs stratification and care plan development. DHS data includes but is not limited to:

1. Any screens completed by the member
2. Care coordination reports
3. Member demographic reports
4. Claims and encounter history data
5. FFS and HMO prior authorization data
6. High-risk pregnancy indicators
7. Upcoming non-emergency medical transportation trips

Privacy Rules

In the process of coordinating care and transfer of medical records or other health care information, members’ rights are protected according to HIPAA privacy rules.

Michele Bauer MD.

APPROVED:

DATE: 8/18/2025

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
12/21/2021	Michele Bauer, MD, CMO	Reviewed. No changes.
12/22/2022	Michele Bauer, MD, CMO	Reviewed. No changes.
12/20/2023	Michele Bauer, MD, CMO	Revised to include new process for MTM
12/18/2024	Michele Bauer, MD, CMO	Updated list of services that are coordinated, updated title of policy.
5/1/2025	Michele Bauer, MD, CMO	Added privacy information
7/24/2025	Michele Bauer, MD, CMO	Updated process for coordination of BH/SUD services with Public Health Agencies.
8/18/2025	Michele Bauer, MD, CMO	Updated coordination processes for WIC and PNCC.

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