

	DEPARTMENT:	Health Management
	SUBJECT:	Integration of External Member Data
	PRODUCT LINE:	All Products
	POLICY NUMBER:	HM108
	ORIGINAL POLICY EFFECTIVE DATE:	9/30/2021
	LAST REVISED DATE:	9/10/2025
	LAST REVIEWED DATE:	9/10/2025

POLICY: To ensure Group Health Cooperative of Eau Claire utilizes member specific information reports provided by external entities to prevent duplication of activities and assist in coordination of care and in accordance with the needs identified in the initial screen (HRA), care plan development activities, and health management processes.

SCOPE: Group Health Cooperative of Eau Claire incorporates external member-specific information reports and data into workflows across departments to ensure GHC utilizes these reports to optimize the health of our members.

PROCEDURE: External member-specific information reports are used as outlined below:

Medicaid

Member-specific information reports provided by DHS are used to assist with coordination of medically necessary services and include:

1. Claims/Encounter history: FFS data is used to help coordinate care to ensure members are receiving follow up visits during transitions of care and are compliant with attending services that have been ordered or recommended. This data is also used to identify members who have gaps in care so that outreach can occur.
2. Member Care Coordination Reports: This data is used to ensure coordination of previously approved services occurs at the time of enrollment to avoid any delays in services. This data also helps prevent duplication of services and ensures patient safety by preventing unnecessary or duplicative services.
3. High risk pregnancy indicators: This data is used to identify pregnant members for enrollment into our pregnancy program.
4. Enrollment file (HIPAA 834): This file is used to identify new members to call for a welcome call and/or a Health Risk Assessment and to mail a welcome packet. Race, ethnicity, age, and gender data are also used to identify the CLAS needs of members and is used in our population health analysis to design initiatives to meet the diverse needs of our membership.
5. Coordination of Benefits Extract: This file loads into our electronic care management system and helps health management staff to coordinate benefits when processing prior authorization requests and in all care management initiatives.
6. MCO Autism Report: This file is used to coordinate autism services and to inform members when they are getting close to their benefit max and when they hit their benefit max.
7. HMO Lead Testing report: Data feeds into our claims system and subsequently into our data analytics software and allows us to identify members who are missing lead testing. The report is used to outreach to members (targeted mailings and telephonic) who are due for blood lead testing services.

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8. Pharmacy Extracts: This data feeds into our claims system and our electronic care management system and helps ensure members are managing their chronic conditions. The data is also used in our HEDIS software to ensure pharmacy related HEDIS measures are compliant.
9. HMO Recertification Reports: Data is used to mail letters to members to inform them they need to recertify (when applicable).
10. Member Demographic Report: This data feeds into our claims system and into our electronic care management system to ensure we have up to date information on members to accomplish care management outreach.
11. WIR Data: Immunization data is integrated into our claims system and subsequently feeds into our data analytics software and allows us to identify members who are missing immunizations. Targeted mailings are sent to members who are missing immunizations.

Commercial

1. Enrollment File: The demographic data on the enrollment file from ETF is used to populate our electronic care management system to ensure we have the most up to date phone numbers and addresses to contact members. Race/ethnicity, gender, and age from ETF enrollment file is also incorporated into our electronic care management system. Race/ethnicity data, gender and age from our other commercial group's enrollment files are incorporated into our electronic care management system to ensure staff understand the diverse needs of our members. This data is also used to evaluate the needs of our membership in our population analysis.
2. Pharmacy Claims: The pharmacy claims from Navitus (ETF PBM) and ESI (non-ETF commercial PBM) feed into our claims system and our data warehouse. This information is used in our HEDIS software for HEDIS measures that have a pharmacy component. This helps identify compliance with these HEDIS measures.
3. WebMD Files: ETF's wellness vendor sends reports on our members who participate in their wellness program. These reports are used to identify members who are eligible for GHC's disease management programs.

Michele Bauer MD.

APPROVED: _____

DATE: 9/10/25

Formal policies and procedures require department manager review, approval and signature. Executive and/or administrative policies and procedures require CEO/General Manager review, approval and signature.

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
9/15/2022	Michele Bauer, MD, CMO	Reviewed. No changes.
9/15/2023	Michele Bauer, MD, CMO	Reviewed. No changes.
9/10/2024	Michele Bauer, MD, CMO	Updated commercial groups data sources

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9/10/2025	Michele Bauer, MD, CMO	Updated data used in the Medicaid enrollment file to include outreach for HRAs.
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