

TRICARE West Region Utilization Management Program Reaches Out to Providers

The TRICARE West Region Utilization Management (UM) department coordinates patient care for West Region beneficiaries. UM clinicians are available to assist with care coordination of certain complicated or high risk procedures such as bariatric surgeries, joint replacements and patients requiring post discharge services including home health care, durable medical equipment, or transfer to another level of care. TriWest clinicians will work with hospitals and providers to facilitate discharge planning for these patients and may work directly with facilities, providers and families to ensure a seamless transition from one level of care to the next.

Partnering with TriWest eases the process of care coordination and discharge planning, in turn avoiding unnecessary out-of-pocket costs for your patients and increasing patient satisfaction. While TriWest will not review every continued hospital stay in DRG-reimbursed situations, we are available to assist you with care coordination, discharge planning, and evaluation of outlier cases upon request.

There are many advantages to collaboration on utilization management, including, but not limited to:

- Safe and seamless transition to the next level of care
- Improved quality of care and assistance to avoid potential adverse events
- Increased beneficiary satisfaction with current and successive episodes of care
- Assistance with discharge compliance and follow-up
- Reduced beneficiary out-of-pocket costs by redirection to network providers
- Assistance with benefit and coverage questions related to the current episode of care
- Assistance with discharge planning process and post hospital care

The following chart depicts the roles of TriWest and an inpatient facility for patients under Care Coordination:

Roles	TriWest	Facility
Pre-service, a clinician calls beneficiaries planning joint replacements, spine and bariatric surgeries	X	
Facility notifies TriWest of admission		X
TriWest notifies facility of approval or denial of TRICARE-covered services	X	
Upon request, facility completes/faxes clinical documentation to support continued stay and notifies TriWest of patient discharge or transfer		X
Upon request, TriWest clinician coordinates with facility social workers, case managers, and/or discharge planners to transfer patient to lower level of care:		



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TRICARE West Region Provider Services

<ul style="list-style-type: none"> • Home Health Facility • Durable Medical Equipment (DME) • Skilled Nursing Facility • Long Term Acute Care Facility • Rehabilitation Facility 	X	X
Post-Service contact by clinician to beneficiaries to confirm compliance with discharge instructions and arrival of ordered post discharge services including: <ul style="list-style-type: none"> • DME • Home Health • Appointments • Medication compliance • Response to medication • Behavioral Health • Community resources 	X	
Clinician follows up with treating provider as needed to assist with coordinating patient's needs.	X	

For further information, please refer to www.triwest.com/provider or call 1-888-TRIWEST (888-874-9378).



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