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# Warrior Advocate Program

## United Healthcare Military & Veterans

### 28 January 2014



***“Medically Ready Force...Ready Medical Force”***

# DHA Vision



“A joint, integrated, premier system of health, supporting those who serve in the defense of our country.”



***“Medically Ready Force...Ready Medical Force”***

# Agenda



- Introductions
- Overview
- Warrior Advocate Program
- Points of Contact
- Questions

***“Medically Ready Force...Ready Medical Force”***

# United Healthcare Military and Veterans



## Introduction to United Healthcare Military and Veteran (UHCMV) staff

- Shari Erickson, RN, BSN, MSHA, Vice President, Medical Management
- Terry Pierce, RN, MN, MS, CCM, Director, Military Programs
- Yvonne Harrington, BSN, RN,-BC, CCM, Warrior Advocate Case Manager

# United Healthcare Military and Veterans



## Overview

- United Healthcare Military and Veterans is the Managed Care Support Contractor (MCSC) for the West Region.
- Contract protests led to a delay in the implementation of the “T3” contract in the West Region.
- Effective date of the West Region contract 01 April 2013, less than 1 year ago.

# United Healthcare Military and Veterans



## Overview continued:

- In a change from previous contracts the current T3 contract includes language that now provides for the MCSC to provide case management and coordinate with the MTF clinical staff and civilian providers for ADSMs whose care is projected to occur in whole or in part in the civilian sector.
- ADSMs have access to UHCMV's general and specialized case management programs.
  - Cancer Clinical Trials, Cancer Support, Community Case Management, Integrated Case Management, Transplant and the **Warrior Advocate Program**.

# Warrior Advocate Program



- UHC implemented the program 01 April 2013, at the start of healthcare delivery for the West Region.
- Supports the current TRICARE contract which now includes language that allows the MCSC to work collaboratively with the Military Treatment Facilities to manage Active Duty Service Members whose care is projected to occur in whole or in part in the civilian sector.
- The current T3 contract does not specifically require UHCMV to have a unique/separate Wounded Warrior Case Mgt program.
- UHCMV developed this specialized program in response to the contract language and in recognition of the need for a specific program due to the unique and complex issues facing the Wounded Warrior population.

# Warrior Advocate Program



- Led by Yvonne Harrington, UHCMV, who provides multiple levels of service for each unique case to include coordination with MTF clinical and case mgt staff, civilian providers, CBWTUs, WTUs, VA providers and case managers, RCCs, FRCs, etc.
- Offers a focus on identification of the specific needs of the RW and to provide integrated case management to meet that service members needs.
- Provides a unique program for RWs with a focus on holistic identification of needs and integrated case management services.

# Warrior Advocate Program



- Ms. Harrington also serves as an internal UHCMV consultant for other UHCMV case management staff on ADSM cases enrolled in any of the other UHCMV case management programs.
- Allows for collaboration and coordination of care over time and across treatment settings to improve outcomes in the management of ADSMs with complex medical and social problems.

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# Warrior Advocate Program



- Addresses the needs of the caregiver(s) through promotion of access to services for caregiver support.
- Provides transitional case management services for those transferring between regions or out of the service as requested.

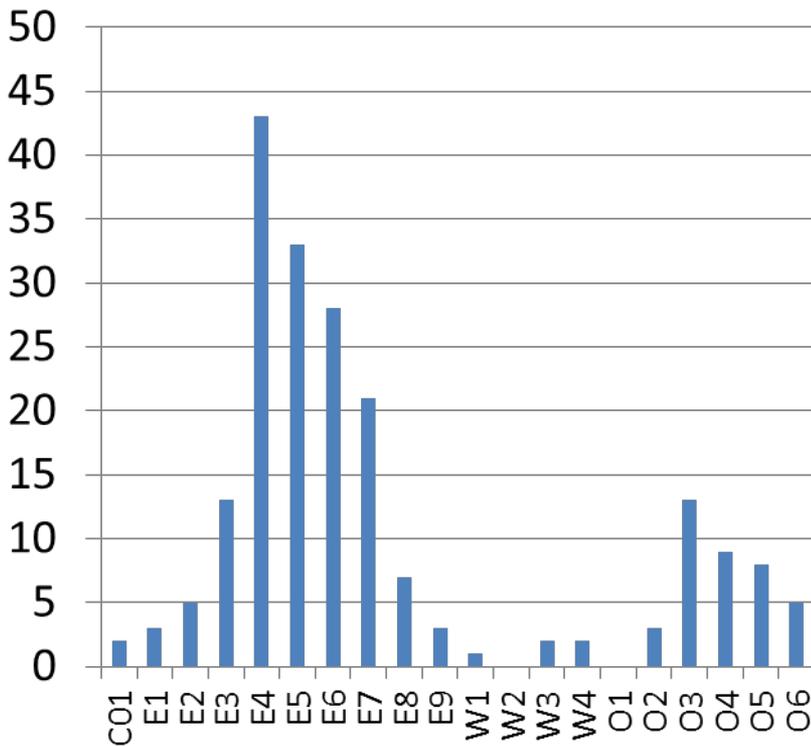
# Warrior Advocate Program:

## Metrics

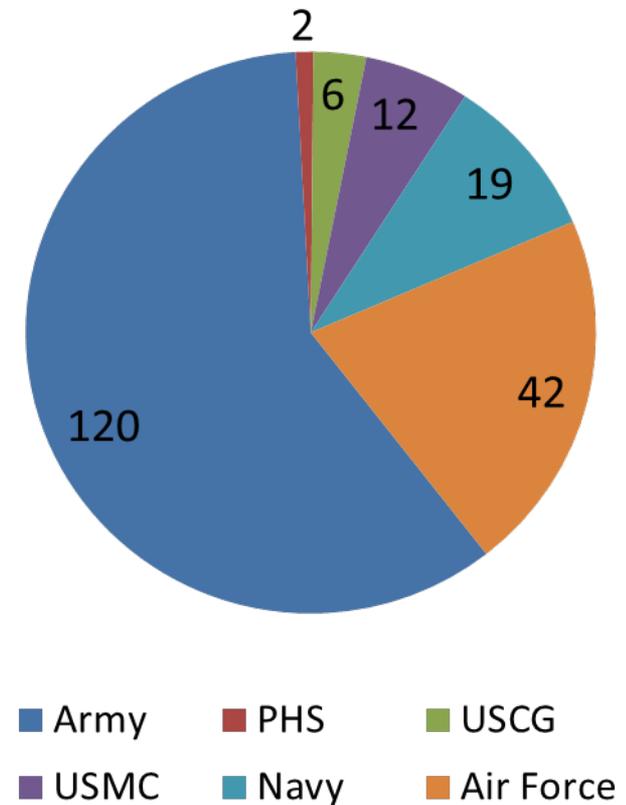
*RWs served through the Warrior Advocate Program since 4/1/13 – 201 Total*



### Population by Military Grade

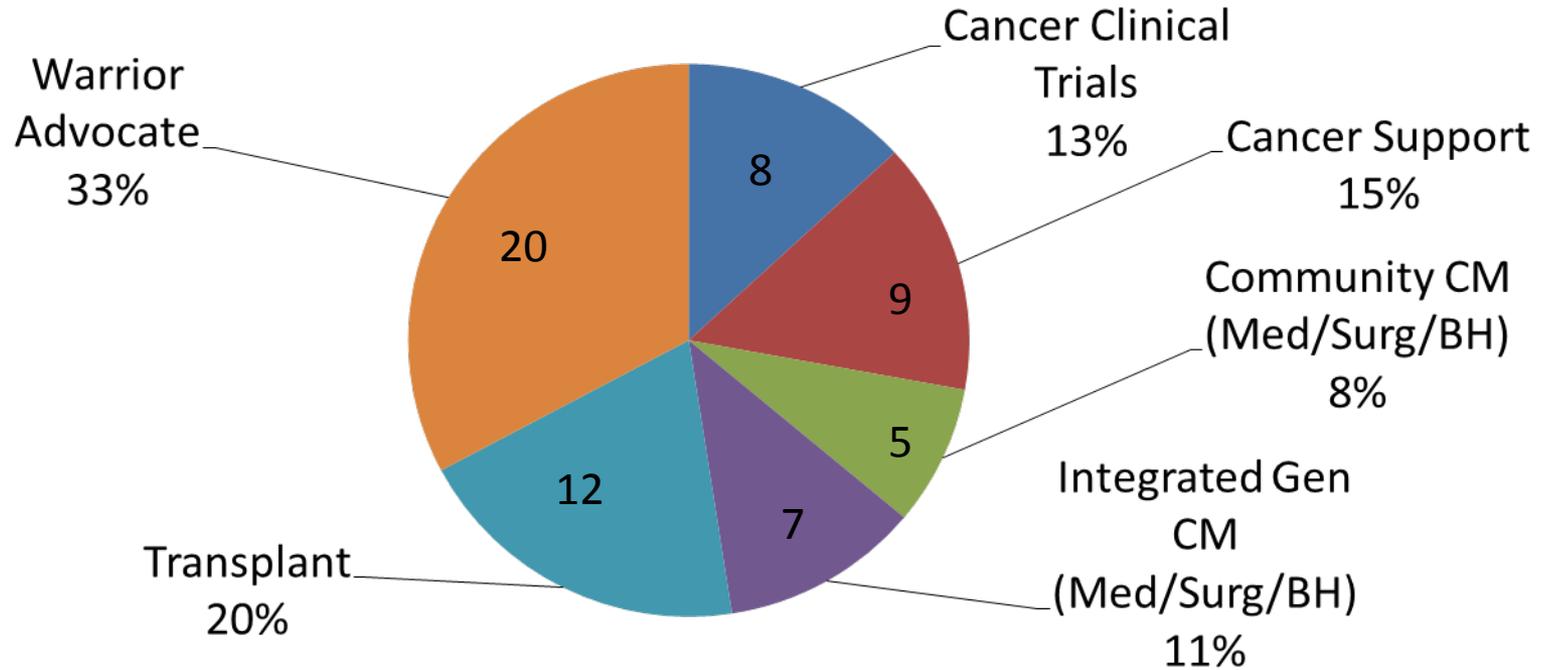


### Population by Service



# Warrior Advocate Program:

Metrics: 20 Current Warrior Advocate cases  
61 Total ADSM case mgt cases



TRICARE Plan Code Enrollment Designation	ADSM Western Region with Designation	ADSM Enrolled at some time since 1 April 2013
415=WTU	1,734	44
416=CBWTU	361	26

Data from UHCMV 16 January 2014

# Warrior Advocate Program:

## *Referral Process*



- Direct referrals from MTFs, from other regions, from other CM programs or other departments who have identified need in a RW.
- Internal utilization management coordinators , especially when managing inpatient cases in the network.
- Notifications/prior authorizations high in volume and/or cost or demonstrate high risk conditions.

# Warrior Advocate Program:

## *Referral Process*



- ImpactPRO identification through use of criteria such as:
  - Eligibility code(s) for ADSM/Warrior.
  - High cost claimant >\$50,000 annually.
  - Diagnoses of PTSD, TBI, Multiple injuries or co-morbid conditions.

# Warrior Advocate Program:

## *Reserve Component*



- Target population is ADSM's, however Warrior Advocate case management enrollment is open to TRICARE Reserve Select population with UHCMV supervisor approval.
- If the SM is separated from Active Duty service and is ineligible for ongoing TRICARE coverage, the Warrior Advocate case manager will assist the transitioning RW in connecting with the VA and/or other community based resources.
- The Warrior Advocate case manager ensures the transitional needs are met prior to closing the case.

# Warrior Advocate Program:

## *Behavioral Health(BH)/Psychological Needs*



- Provision of a care management approach across the continuum in which RWs are screened for psychological needs. Once identified, a UHCMV BH team member is engaged to consult on the case and based on findings, he/she may collaborate and/or co-manage the case with the RW Case Manager.
- Family and social support is inherent in the model as the challenges with RW often impact the entire family unit and support system.
- As needed the UHCMVBH Medical Director(s) are consulted and available for case reviews.

# Warrior Advocate Program:

## *Comparisons*



- Coordination of care for RWs may occur in the civilian sector and may also require coordination across multiple conditions and specialties in conjunction with the MTF, MMSO, WTU, CBWTU, RCC, FRC, etc.
- MCSCs have oversight and visibility of care delivered in purchased care network that may not be as readily visible to MTF or VHA.
- TRICARE/MCSC authorizations are typically required for all active duty service members to access services outside of the MTF.

# Warrior Advocate Program:

## *Comparisons*



- Collaboration occurs with the team to ensure timely and efficient care delivery and to establish that the appropriate resources are available to RWs even when not assigned to a WTU/CBWTU.
- UHCMV initiated referrals to other RW resource programs:
  - Recovery Care Coordinators: 1
  - Federal Recovery Coordinators: 5 (2 pending)
  - Army Wounded Warrior Advocates (AW2): 1
  - VHA OIF/OEF/OND Program Referrals (Combat veterans needing VA CM upon retirement/separation): 6 (2 pending)

# Warrior Advocate Program:

*Coordination with CBWTU and RWs*



- UHCMV was deliberate in the program design to collaborate with CBWTU teams.
- The Warrior Advocate program offers consultation only, co-management or primary case management services. Work with the CBWTU and RW to determine which option best meets the needs of the SM.
- UHCMV actively participates in DoD/VA Clinical Case Conferences for transitioning service members.

# Warrior Advocate Program:

## *Customer Satisfaction*



- UHCMV is, as part of their baseline standard for care coordination interactions, developing a process to ask RWs for feedback on how the program is supporting them and their satisfaction with the services
- In addition, UHCMV is working with their Compliance Officer, to obtain approval to conduct an annual survey to provide feedback on the beneficiary experience.

# Warrior Advocate Program:

## *Points of Contact*



### ■ TRICARE Regional Office West

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### ■ UHCMV

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**QUESTIONS?**