



## Health Partners Plans

March 24, 2020

**RE: COVID-19 Update – Tri-Tech Announcement**

Dear Provider,

Health Partners Plans (HPP) is pleased to announce that Tri-Tech Health, a Mobile Telehealth Wound Management Provider, is now a participating provider for all HPP lines of business. They provide extensive wound care treatment, under the guidance of Board Certified Wound Care Clinicians, in the members home for the following wound types:

- Diabetic wounds
- Partial thickness wounds
- Pressure ulcers – all stages
- Wounds obscured by necrotic material
- Full thickness wounds
- Surgical dehiscence
- Skin tears
- Suspected deep tissue injury
- Venous ulcers
- Arterial ulcers

An HPP authorization is required for the Tri-Tech Health, Mobile Telehealth Wound Management program.

- For authorization please access the portal at HPconnect, and,
- Make a referral to Tri-Tech by faxing 954-634-6444 or emailing [ngonzalez@tritechhealth.com](mailto:ngonzalez@tritechhealth.com)

Once the authorization is obtained and referral made, Tri-Tech Health will schedule the appointment with the HPP member in their home.

Finally, please note that HPP remains in full operations at this time and our remote workforce is able to assist you and our members with all of the quality service you have come to know over the last 30 years. Thank you for your understanding and cooperation. As always, we appreciate our partnership with you to continually improve the health outcomes of our members.

Sincerely,

*Michael K. Krusen*

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Regional Vice President, Provider Network Operations



## REFERRAL FORM

**Tri-Tech Phone: 888-675-3385 or 954-634-6400**

**FAX TO: 954-634-6444**

PATIENT NAME \_\_\_\_\_ EMAIL TO: [ngonzalez@tritechhealth.com](mailto:ngonzalez@tritechhealth.com)

Patient Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Patient ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

Date: \_\_\_\_\_ Contact number: \_\_\_\_\_ Alt. Contact Number \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Admitting Diagnosis: \_\_\_\_\_

### Wound Type:

Pressure ulcer – **Please circle** STAGE: I, II, III, IV, N, Suspected Deep Tissue Injury ...

Venous Leg ulcer \_\_\_ Leg ulcer (other) \_\_\_ Surgical site \_\_\_ Diabetic Foot Ulcer

Trauma ... Other (please specify) \_\_\_\_\_

LOCATION AND SIZE OF WOUND(S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current wound treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Investigations ordered: \_\_\_ Duplex Scan \_\_\_ CT/MRI Scan \_\_\_ Wound cultures \_\_\_ ABI

... Toe Pressures

Tcp02 \_\_\_ X-ray \_\_\_

Referral written by: \_\_\_\_\_