FREQUENTLY ASKED QUESTIONS

TURNINGPOINT'S UTILIZATION MANAGEMENT & PRECERTIFICATION CONTACT INFORMATION:
Web Portal Intake: http://www.myturningpoint-healthcare.com
Home State Health: (855) 694-4663
Ambetter for Home State Health: (855) 650-3789 TTY/TDD: (877) 250-6113
Allwell for Home State Health: (855) 766-1452 | D-SNP: (833) 298-3361 | TTY: 711
Facsimile Intake: (573)-469-4352

1. **Who is TurningPoint Healthcare Solutions, LLC?**
   TurningPoint Healthcare Solutions, LLC (TurningPoint) provides an innovative Musculoskeletal Surgical Quality and Safety Management Program which empowers the collaboration of patients, payers, and providers to improve the quality and affordability of healthcare services. Our comprehensive solution integrates evidence-based utilization management guidelines with clinical best practices, site of service optimization, specialized peer to peer engagement, device and recall management, claims review and management, innovative quality programs, and advanced reporting and analytics to promote the overall health management of each member.

2. **What is the relationship between Home State Health Plan/Centene Corporation and TurningPoint?**
   Home State Health Plan/Centene Corporation has contracted with TurningPoint to provide an innovative solution to work collaboratively with providers, facilities and physicians to reduce surgical treatment variability, promote safety, quality of care improvements, and support for your patients. As part of this program, Home State Health Plan has delegated its utilization management function to TurningPoint for a limited scope of procedures (see FAQ question 5 for a detailed listing of procedures included in the scope of the program).

3. **Which Centene group members are impacted?**

Provider Network	Member Plan Names
Marketplace	AmBetter |Healthcare (ACA) Gold
Marketplace	AmBetter |Healthcare (ACA) Silver
Marketplace	AmBetter |Healthcare (ACA) Bronze
CFC (Medicaid)	MO HealthNet Managed Care
Medicare	AllWell (Medicare Advantage)

4. **Will new ID cards be issued to the appropriate members?**
   No new ID cards will be issued to the members. Providers will be redirected to TurningPoint by the Utilization Management Departments within Home State Health Plan and Centene. TurningPoint

will also be actively engaged in the education of each provider practice to ensure they have the appropriate contact information to limit the number of redirections that need to take place.

5. **What procedures will require prior authorizations?**

MUSCULOSKELETAL

Orthopedic Surgical Procedures

Including all associated partial, total, and revision surgeries

- ✓ Knee Arthroplasty
- ✓ Unicompartmental/Bicompartmental Knee Replacement
- ✓ Hip Arthroplasty
- ✓ Shoulder Arthroplasty
- ✓ Elbow Arthroplasty
- ✓ Ankle Arthroplasty
- ✓ Wrist Arthroplasty
- ✓ Acromioplasty and Rotator Cuff Repair
- ✓ Anterior Cruciate Ligament Repair
- ✓ Knee Arthroscopy
- ✓ Hip Resurfacing
- ✓ Meniscal Repair
- ✓ Hip Arthroscopy
- ✓ Femoroacetabular Arthroscopy
- ✓ Ankle Fusion
- ✓ Shoulder Fusion
- ✓ Wrist Fusion
- ✓ Osteochondral Defect Repair

Spinal Surgical Procedures

Including all associated partial, total, and revision surgeries

- ✓ Spinal Fusion Surgeries
  - ✓ Cervical
  - ✓ Lumbar
  - ✓ Thoracic
  - ✓ Sacral
  - ✓ Scoliosis
- ✓ Disc Replacement
- ✓ Laminectomy/Discectomy
- ✓ Kyphoplasty/Vertebroplasty
- ✓ Sacroiliac Joint Fusion
- ✓ Implantable Pain Pumps
- ✓ Spinal Cord Neurostimulator
- ✓ Spinal Decompression

Clinical coding specific to the procedures included in the program may be accessed using the provider auth tool at www.homestatehealth.com. Please note the coding is subject to regular updates/changes as CPT/HCPCS coding is added or deleted.

6. **What happens if TurningPoint receives a request that is not within the Musculoskeletal scope above?**
   When TurningPoint receives each request for prior authorization, the procedure and medical codes are validated against the scope of services agreed upon between TurningPoint and Home State Health Plan. If the request received is determined to be out of scope, TurningPoint will forward the request onto the appropriate Utilization Review team within the Home State Health Plan (or Centene) based on the member's eligibility plan product information.

7. **What medical providers will be affected by this agreement?**
   All Musculoskeletal (Orthopedic, Spine, Neuro, & Pain Management) providers whose members fall under the enrolled plan names will be affected.

8. **Do emergency room visits require a prior authorization from TurningPoint?**
   No, emergent surgeries do not require a prior authorization from TurningPoint.

9. **How do I obtain a Prior Authorization from TurningPoint?**
   Providers may initiate a prior authorization request through TurningPoint's portal at https://myturningpoint-healthcare.com or by calling Home State Health: (855) 694-4663
   Ambetter for Home State Health: (855) 650-3789 TTY/TDD: (877) 250-6113
   Allwell for Home State Health: (855) 766-1452 | D-SNP: (833) 298-3361 | TTY: 711.
   Providers can also initiate requests or send additional clinical information via fax at (573) 469-4352.
   If a provider calls the Home State Health Plan/ Ambetter or Allwell pre-authorization line regarding one of the procedures within the TurningPoint scope of services, they will be transferred to TurningPoint.

10. **What are TurningPoint's hours and days of operation?**
    TurningPoint is available 8:00am – 5:00pm of each normal business day in each time zone where the TurningPoint conducts its review activities. In the event a provider needs to contact TurningPoint for prior authorization after hours or on weekends, TurningPoint has medical professionals on-call 24 hours a day, 7 days a week.

11. **What information will be required to obtain a prior authorization?**
    The following minimum information is requested when a provider calls, faxes or utilizes the portal:
    a. Provider Information
    b. Facility Information & Anticipated Surgery Date
    c. Health Plan Information
    d. Member Information
    e. Requested Procedures/Diagnosis
    f. Clinical Information
    g. Device Product Type (if known)
    h. Device Manufacturer Information (if known)

12. **How long will the prior authorization process take?**
    **turnaround time shall not exceed listed timeframes*

Plan Product | Line of Business	Standard (Non-Urgent) TAT*	Expedited (Urgent) TAT*	Retrospective
AmBetter	36 hours, including 1 business day	24 hours	30 calendar days
AllWell (Medicare)	14 calendar days	72 hours	30 calendar days
Medicaid Plan	36 hours, including 1 business day	24 hours	30 calendar days

13. **Does obtaining a prior authorization number guarantee payment?**
    The authorization number is not a guarantee of payment. Claims submitted for these services will also be subject, but not limited to the following:
    a. Member eligibility at the time services were provided
    b. Benefit limitations and/or exclusions
    c. Appropriateness of codes billed
    d. Medical Necessity review, if prior authorization does not occur

14. **How long will the authorization approval be valid?**
    Prior Authorizations are valid for 30 calendar days for outpatient procedures and 1 day for the day of planned admission.

15. **Will TurningPoint be processing claims for Home State Health Plan?**
    No, TurningPoint Healthcare is not delegated to process claims. Providers should continue to submit claims as they do currently. Claims submitted without the approved authorization may be denied for payment.

16. **Who is responsible for requesting the prior authorization?**
    The physician's/provider's office who requests the procedure should request the prior authorization.

17. **How are providers/members notified of the outcome of the prior authorization request?**
    Providers will be notified by a courtesy call regardless of the status of the request. The provider, facility and member will (where appropriate), receive a notification determination letter regarding the request status along with supporting information. In addition, the member will receive a call specific to denied authorization.

18. **If a provider wishes to modify a request or if there is a change in the surgical plan during the procedure, does the office need to notify TurningPoint to update the authorization?**
    Yes. Providers should call TurningPoint to notify them of any modification to request. Modifications to a preauthorization request must be communicated immediately following the date of service for the surgical procedure.

19. **What happens if the TurningPoint medical review team denies the procedure?**
    Once an adverse determination is rendered, TurningPoint calls both the requesting provider office and the member to explain the rationale for the denial. When speaking with the provider's office, TurningPoint offers the physician the opportunity to schedule a peer to peer conversation with the TurningPoint reviewer. Following this call, TurningPoint will send notification letters to the

provider, member and to the facility, (where appropriate) detailing the rationale for the denial and peer to peer directions.

20. <u>What qualifications do the TurningPoint physicians have in order to review prior authorization requests?</u>

TurningPoint employs Orthopedic and Spine physicians who have all held positions within the largest associations related to their specialties:

- ✓ Five former presidents of the American Academy of Orthopedic Surgeons (AAOS)
- ✓ The former Chairman of the Louisiana State University Medical Center's Orthopedic Department and University of Colorado's Orthopedic Department
- ✓ Two of AAOS's former Board representatives to CMS for all Spine related billing and coding changes
- ✓ The former president and a current Director of the American Board of Orthopedic Surgery
- ✓ Multiple past regional and state orthopedic association presidents, including the former President of the New Jersey Orthopedic Association
- ✓ Former Chief of Staff for the Houston Shriner's Children Hospital

21. <u>Who do I contact with questions or any support needs regarding the program?</u>

For questions regarding the TurningPoint Surgical Quality and Safety Management Program, or to setup an in-service with your practice, please call Home State health: (855) 694-4663
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