

## FREQUENTLY ASKED QUESTIONS

Turning Point's Utilization Management & Precertification Contact Information:

Web Portal Intake: <https://www.myturningpoint-healthcare.com>

WellCare Phone & Fax Directory			
State	Phone	Phone (Toll Free)	Fax
Alabama	334-380-4831	866-846-6711	334-651-8553
Arizona	602-584-9690	866-707-0727	602-600-0638
Arkansas	501-260-1283	866-484-5484	501-588-3066
Connecticut	860-813-1840	866-524-2838	860-920-5805
Florida	850-610-2227	866-533-8562	850-391-3229
Georgia	678-667-0987	866-579-7423	678-974-0421
Hawaii	808-353-8403	866-596-7279	808-824-3357
Illinois	872-234-7131	877-659-3409	773-819-2024
Indiana	317-559-3449	877-344-1069	463-213-2768
Kentucky	270-215-7848	866-683-0252	502-661-6411
Louisiana	225-300-6024	866-701-8317	225-341-7350
Maine	339-309-7463	866-729-4894	207-352-5888
Michigan	313-263-5232	877-659-9496	313-915-5036
Mississippi	601-329-0380	866-783-6924	769-230-9837
Missouri	314-641-1061	877-264-6960	314-925-7640
North Carolina	919-925-3475	866-330-4291	919-948-4818
New Hampshire	603-506-6263	866-512-5398	603-931-3857
New Jersey	609-759-2029	855-341-1452	609-503-4732
New York	917-398-3966	866-459-8334	917-243-9602
Ohio	216-243-6713	866-611-6951	216-302-3880
South Carolina	803-626-9433	855-434-0331	803-462-4271
Rhode Island	401-648-7643	855-769-9283	401-415-6254
Tennessee	615-528-3786	855-437-9567	615-645-4954
Texas	512-999-7397	855-441-5222	844-239-8076
Vermont	802-585-3684	855-727-4899	802-778-0169
Washington	206-596-2416	866-513-5303	206-455-9520

**1. Who is TurningPoint Healthcare Solutions, LLC?**

TurningPoint Healthcare Solutions, LLC (TurningPoint) provides an innovative Musculoskeletal Surgical Quality and Safety Management Program that 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 WellCare Health Plans and TurningPoint?**

WellCare Health Plans (WellCare) 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, WellCare has delegated its utilization management function to TurningPoint for a limited scope of procedures (see FAQ, question 5, for a detailed list of procedures included in the scope of the program).

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

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

**MUSCULOSKELETAL**

**Orthopedic Surgical Procedures**

*Including all associated partial, total, and revision surgeries*

- ✓ Knee Arthroplasty
- ✓ Unicompartamental/Bicompartamental 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 at [www.wellcare.com/providers](http://www.wellcare.com/providers). Please note the coding is subject to regular updates/changes as CPT/HCPCS coding is added or deleted.

**5. What happens if TurningPoint receives a request that is not within the Musculoskeletal scope above?**

When TurningPoint receives a request for prior authorization, the procedure and medical codes are validated against the scope of services agreed upon between TurningPoint and WellCare. If the request is determined to be out of scope, TurningPoint will forward the request onto the appropriate Utilization Review team within WellCare based on the member's eligibility plan product information.

**6. What medical providers will be affected by this agreement?**

All Musculoskeletal (Orthopedic, Spine, Neuro, and Pain Management) providers whose members fall under the enrolled plan names will be affected.

**7. Do emergency room visits require a prior authorization from TurningPoint?**

No, emergent surgeries do not require a prior authorization from TurningPoint.

**8. How do I obtain a Prior Authorization from TurningPoint?**

Providers may initiate a prior authorization request through Turning Point's portal at <https://myturningpoint-healthcare.com> or by calling TurningPoint toll free or local. Providers may also initiate requests or send additional clinical information via fax (see state phone and fax directory at top of this document). If a provider calls the WellCare pre-authorization line about one of the procedures within the TurningPoint scope of services, they will be transferred to TurningPoint.

**9. What are Turning Point's hours and days of operation?**

TurningPoint is available to conduct reviews and attend to all supporting inquiries from 8 a.m. to 5 p.m. on business days in each respective time zone, except for Hawaii (7:30 a.m. to 4:30 p.m. Hawaii Standard Time). If a provider needs to contact TurningPoint for prior authorization after hours or on weekends, medical professionals are on call 24 hours a day, 7 days a week.

**10. What information will be required to obtain a prior authorization?**

The following minimum information is requested when a provider calls, faxes or uses 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)

**11. 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:

- 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

**12. How long will the authorization approval be valid?**

Prior Authorizations are valid for 30 calendar days for outpatient procedures and one day for the day of planned admission.

**13. Will TurningPoint process claims for WellCare?**

No. TurningPoint 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.

**14. Who is responsible for requesting the prior authorization?**

The physician or provider office who asks for the procedure should request the prior authorization.

**15. 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. Also, the member will receive a call specific to denied authorization.

**16. If a provider wants 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.

**17. What happens if the TurningPoint medical review team denies the procedure?**

Once an adverse determination is rendered, TurningPoint calls both the requesting provider's 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). The letters will detail the rationale for the denial and peer-to-peer directions.

**18. What qualifications do the TurningPoint physicians have in order to review prior authorization requests?**

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

- ✓ Six 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 Shriners's Children Hospital

**19. What are the program components providers need to comply with in order to be eligible for Turning Point's Enhanced Reimbursement Program?**

WellCare, along with Turning Point's Surgical Quality and Safety Management Program, rewards providers for improving the quality, safety and affordability of healthcare services for WellCare's members. The program integrates quality and safety measures related to patient comorbidities and risk factors, evidence-based utilization management pathways, site of service optimization, specialized peer-to-peer engagement, FDA device and recall tracking and advanced reporting and analytics to promote the overall health management of each patient.

Quarterly operational metrics will be reported on, showing each physician and physician group, their performance within and adherence to the program. To qualify for enhanced reimbursements, the physician must meet all the following three categories of criteria:

- I. Quality and Safety Criteria:
  - a. Clinical Appropriateness of Procedure
  - b. Surgical Procedure Best Practices
  - c. Clinical Appropriateness of Device
  - d. Quality Device Selection
- II. Site of Service Optimization Criteria:
  - a. Optimized Surgical Setting
  - b. Preferred Facility
- III. Procedure Documentation Criteria:
  - a. Submission of Facility and Professional claims
  - b. Submission of implant log (lot/serial)

c. Submission of physician's operative notes

**20. Who do I contact with questions or any support needs regarding the program?**

For questions about the TurningPoint Surgical Quality and Safety Management Program, or to set up an in-service consultation with your practice, please call the appropriate telephone number provided above and you will be directed to a Provider Relations specialist.