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We improve patient care for a wide breadth of musculoskeletal and pain management procedures

**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 Categories**
- Orthopedics
- Spine

**Clinical Coding**
- Clinical coding specific to the procedures included in the program may be accessed at [www.wellcare.com](http://www.wellcare.com). Please note the coding is subject to regular updates/changes as CPT/HCPCS coding is added or deleted.
Physicians and Health Plans face significant quality and safety challenges related to managing implantable devices

- On average there are more than 700+ medical device product recalls every year
- Two of the largest recall categories are cardiovascular and orthopedic implants
- Recall Examples:
  - Medtronic SynchroMed: Implantable Infusion System – 250K+ Patients
    - Excessive administration of pain medication leading to potentially fatal overdose
  - St. Jude: Riata Defibrillator Leads – 79K Patients
    - Leads erode and expose cables. Device may short circuit or cause heat damage to heart tissue
  - Depuy: Hip Recall – 93K Patients
    - 50% of patients will need revisions within 6 years
TurningPoint’s Program helps solve the national problem of **significant price variation** for the same surgical procedures.

**TOTAL KNEE: Cost Variation by Market**

**TOTAL HIP: COST VARIATION BY MARKET**

Source: Blue Health Intelligence®: The Health of America Report | January 2015
TURNINGPOINT’S DIFFERENCE STARTS WITH OUR CLINICAL LEADERSHIP TEAM. THEY GUIDE OUR QUALITY AND COST-EFFECTIVE PATIENT CARE.

Our Peer Review Specialists Include:

- Six former presidents of the American Academy of Orthopaedic Surgeons (AAOS)
- Former presidents of the American Board of Orthopedic Surgery
- Past president of the North American Pediatric Society
- Two of AAOS’s former Board representatives to CMS for all spine-related billing and coding changes
- Multiple past regional and state orthopedic association presidents, including the former President of the New Jersey Orthopaedic Association, and AAOS Board Members
- Former Chief of Staff for the Houston Shriner’s Children Hospital
- Current Board Member of the North American Spine Society
Our clinical policies and processes are based on the same standards used by national associations.

To be included, a study had to meet the following selection criteria:

- Study was specific to the device type or procedure being reviewed
- Published in a peer-reviewed journal during or after 1966, in English
- Done on humans with a sample of 30 or more patients per treatment group
- Reported on 80% of the patient population of interest
- Study results were presented quantitatively
- Provided a full report of a clinical study
- Study treatment follow up period was > 4 weeks
- At least 80% of the enrolled study population were 19 years of age or older
- For any included study that used “paper-and-pencil” outcome measures (e.g. SF-36), only those that were validated were included
- “Paper-and-pencil” outcomes reported by a single group of investigators (i.e. a single study) were excluded
- Study was in vivo

Studies were excluded if any of the following criteria were met:

- Studies of “Very Limited” evidence strength
- Retrospective non-comparative case series, medical records review, meeting abstracts, historical articles, editorials, letters, and commentaries
- Case series studies that gave patients the treatment of interest AND another treatment
- Case series studies that had non-consecutive enrollment of patients
- Controlled trials in which patients were not stochastically assigned to groups AND in which there was heterogeneity in patient characteristics or outcomes at baseline AND where the authors did not statistically adjust for these differences when analyzing the results
- Composite measures or outcomes even if they were patient-oriented
- Case series studies if no baseline values were reported
- Study was performed on cadavers

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TurningPoint collaborates with physicians at the regional and national level to develop our CarePath guidelines ...

... this approach encourages support and buy-in from local providers to produce better results

- On-going Clinical Symposiums & Webinars
- Clinical Advisory Board: REGIONAL REPRESENTATION
- Quarterly Market Reporting & Review
Our program encourages the alignment of providers in the practice of high-quality, cost-effective and evidence-based care

Value-Based CarePaths

Quality and Performance Awards
- CarePath Quality Compliance Awards
- Device Acquisition Cost Reduction Incentives

Administrative Benefits
- Enhanced Authorization Support
- Faster Claims Payment

Clinical Quality Support
- Clinical Support and Practice Oversight to Maximize Patient Safety

Performance Incentives

Compliance Monitoring

Compliance with Evidence Based Guidelines
- 98%
- Target Rate: 95%

CarePath Compliance Rate
- 78%
- Target Rate: 75%
The following musculoskeletal procedures are eligible for Enhanced Reimbursement:

**TIER 1 PROCEDURES — $250/ELIGIBLE CASE**
(including all associated revision surgeries)

- Spinal Fusion Surgery
- Cervical Disc Replacement Surgery
- Lumbar Disc Replacement Surgery
- Laminectomy/Discectomy
- Implantable Fusion Pump
- Spinal Cord Neurostimulator (permanent)
- Total Knee Arthroplasty
- Knee Arthroscopy
- Unicompartmental/Bi-compartmental Knee Arthroplasty
- Total Hip Arthroplasty
- Shoulder Arthroplasty

**TIER 2 PROCEDURES — $150/ELIGIBLE CASE**
(including all associated revision surgeries)

- Sacroiliac Joint Fusion
- Kyphoplasty/Vertebroplasty
- ACL Repair
- Rotator Cuff Repair
- Femoroacetabular Arthroscopy
- Hip Arthroscopy
- Shoulder Arthroscopy
- Osteochondral Defect Repair
- Hip Resurfacing
- Meniscal Repair (with or without Allograft)
- Total Ankle Arthroplasty
- Shoulder Fusion
- Total Elbow Arthroplasty
- Total Ankle Arthroplasty

**Enhanced Reimbursement based on Average Cost per Patient Procedure and Tiering above is an Example only.**
Meeting CarePath Quality, Safety and Cost Criteria allows physicians to receive Enhanced Reimbursement payments for practicing high-quality, evidence-based care.

Provider Quality Awards

- **Quality & Safety**
  - Clinical Appropriateness of the Procedure
  - Surgical Best Practices
    - Clinical Criteria
    - Infection & Risk Management
  - Clinical Appropriateness of the Device
  - Quality Device Selection

- **Site of Service Optimization**
  - Surgical Setting (Inpatient vs. Outpatient)
  - Preferred Facilities (Quality and Cost)

- **Procedure Documentation**
  - Device Implant Log (Lot/Serial Number)
  - Physician's Dictated Post-Operative Notes

= **ENHANCED REIMBURSEMENT**

<table>
<thead>
<tr>
<th>Performance Threshold</th>
<th>Award Attainment</th>
</tr>
</thead>
<tbody>
<tr>
<td>75%+</td>
<td>100%</td>
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<tr>
<td>70% to 74.9%</td>
<td>75%</td>
</tr>
<tr>
<td>60% to 69.9%</td>
<td>50%</td>
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</tbody>
</table>

Note: Enhancement Reimbursement Awards are paid quarterly based on performance threshold % achieved.
Enhanced Reimbursement:

Example

Detailed reporting will be provided to your practice on a quarterly basis to support your success in the program.

Reporting Examples:

<table>
<thead>
<tr>
<th>Clinical Category</th>
<th>Case Count</th>
<th>Surgical Best Practices</th>
<th>Device Clinical Appropriateness</th>
<th>Device Quality</th>
<th>Surgical Setting</th>
<th>Preferred Facility</th>
<th>Implant Logs</th>
<th>Post-operative Notes</th>
<th>Facility Claim</th>
<th>Professional Claim</th>
<th>Total Cases Meeting All Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laminectomy/Discectomy, Lumbar</td>
<td>5</td>
<td>5</td>
<td>4</td>
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<td>Spinal Fusion, Scoliosis (Removal)</td>
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<tr>
<td>Total Hip Arthroplasty</td>
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<tr>
<td>Total Knee Arthroplasty</td>
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<td>Shoulder Fusion</td>
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<td>Rotator Cuff Repair</td>
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<tr>
<td>Anterior Cruciate Ligament (ACL) Repair</td>
<td>10</td>
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<td>Total</td>
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<table>
<thead>
<tr>
<th>Procedure</th>
<th>Award Amount</th>
<th>Procedure</th>
<th>Cases</th>
<th>Amount Available</th>
<th>Criteria</th>
<th>%</th>
<th>Reimbursed Award</th>
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</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>$250.00</td>
<td>Laminectomy/Discectomy, Lumbar</td>
<td>25</td>
<td>$6,250.00</td>
<td>18</td>
<td>72%</td>
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<td>Tier 2</td>
<td>$150.00</td>
<td>Total Hip Arthroplasty</td>
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<td>$2,250.00</td>
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<td>67%</td>
<td>$2,500.00</td>
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<tr>
<td>Total</td>
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<td>$8,500.00</td>
<td>28</td>
<td>70%</td>
<td>$6,375.00</td>
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</tbody>
</table>

Example Note: Practice ABC accomplished a performance threshold of 70% resulting in a 75% enhanced reimbursement award attainment ($8,500.00 * 75% = $6,375.00 award payment).
Improving Quality

Our clinical policies and processes are easily accessible to the market via several access points

Authorization Submission:

<table>
<thead>
<tr>
<th>Provider Resources:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Program PowerPoint presentation</td>
</tr>
<tr>
<td>• Frequently Asked Questions (FAQ) document</td>
</tr>
<tr>
<td>• TurningPoint Provider Manual</td>
</tr>
<tr>
<td>• Instructional Webinars</td>
</tr>
<tr>
<td>• TurningPoint medical professionals on-call 24 hours a day, 7 days a week</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WellCare Phone &amp; Fax Directory</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State</strong></td>
</tr>
<tr>
<td>Alabama</td>
</tr>
<tr>
<td>Arizona</td>
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<tr>
<td>Arkansas</td>
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<td>Connecticut</td>
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<tr>
<td>Texas</td>
</tr>
<tr>
<td>Vermont</td>
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<tr>
<td>Washington</td>
</tr>
</tbody>
</table>
TurningPoint Provider Portal Access

- Portal users must be registered before submitting requests
- All providers will receive notification of staff registered for portal access
- Portal demonstrations can be set up for your practice upon request

NOTE: To become a registered user of TurningPoint’s web portal, please contact their Provider Relations Team:
Phone: 866-422-0800
EMAIL: PROVIDERSUPPORT@TURNINGPOINT-HEALTHCARE.COM
TurningPoint Market Launch

- **Program Effective Date:**
  - Members with a date of service on or after 1/1/2021 TurningPoint will begin accepting these Pre-Authorization requests on 1/1/2021

- **Schedule Staff/Physician Education & Training:**
  - Administrative training sessions
  - Clinical best practices review sessions
  - Identify provider office staff users to issue secure log-in credentials for TurningPoint web portal intake option
Supporting Your Members When They Need it Most.

Empowering Healthcare Solutions for High-Quality Affordable Care

Improving Quality & Affordability