



FREQUENTLY ASKED QUESTIONS

TURNINGPOINT’S UTILIZATION MANAGEMENT & PRECERTIFICATION CONTACT INFORMATION:

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

Telephonic Intake: (775) 624-3740 | Toll Free: (855) 909-5222

Facsimile Intake: (775) 434-1464

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

TurningPoint Healthcare Solutions, LLC (TurningPoint) provides an innovative Cardiac 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 SilverSummit Health Plan and TurningPoint?**

SilverSummit Health Plan 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, SilverSummit 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
Medicaid	SilverSummit Medicaid Plan
Medicare	WellCare by AllWell (Medicare)

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 SilverSummit Health Plan. 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?**

Cardiac Surgical Procedures:

- ✓ Cardiac Contractility Modulation
- ✓ Coronary Angioplasty and Stenting
- ✓ Implantable Cardioverter Defibrillator
- ✓ ICD Revision or Removal
- ✓ Pacemaker
- ✓ Pacemaker Revision or Removal
- ✓ Peripheral Revascularization
- ✓ Coronary Artery Bypass Grafting (CABG)
- ✓ Internal Cardiac Monitoring
- ✓ Leadless Pacemaker
- ✓ Left Atrial Appendage (LAA) Occluders
- ✓ Non-Coronary Angioplasty/Stenting
- ✓ Pulmonary Artery Pressure Monitoring
- ✓ Valve Replacement
- ✓ WCD – Wearable Cardiac Defibrillator

Prior Authorization is required for inpatient, outpatient, and doctor's office settings for these procedures. Clinical coding specific to the procedures included in the program may be accessed at: www.silversummithealthplan.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 Cardiac 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 SilverSummit 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 SilverSummit Health based on the member's eligibility plan product information.

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

All Cardiac 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?**

The preferred method to initiate a prior authorization request is through TurningPoint's provider portal at <https://myturningpoint-healthcare.com>. When necessary, providers may also submit requests by fax (775) 434-1464 or by phone Local Line: (775) 624-3740 or the Toll Free Line: (855) 909-5222. If a provider calls the SilverSummit Health Plan 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 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 Name, Tax ID, & NPI
- b. Facility Name, Tax ID, & NPI
- c. Anticipated surgery date
- d. SilverSummit Health member ID & patient demographics
- e. Requested procedure(s) & diagnosis code(s)
- f. Relevant clinical information for the member

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 (Commercial)	15 calendar days	72 hours	30 calendar days
WellCare by AllWell (Medicare)	14 calendar days	72 hours	N/A
Medicaid Plan	14 calendar days	72 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 SilverSummit 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/ providers 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 of the status of the request regardless of outcome. The provider, facility and member will (where appropriate), receive a notification determination letter regarding the request status along with supporting information.

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

TurningPoint employs Cardiac physicians who have all held positions within the various associations related to their specialties:

- ✓ Recipient of the Distinguished Fellowship Award by the American College of Cardiology
- ✓ Diplomat of the American Board of Internal Medicine and Cardiovascular Disease
- ✓ Director of Heart Health Program and Director of the Cardiovascular Disease Fellowship Program at New York Presbyterian/Weill Cornell University
- ✓ Professor of Cardiothoracic surgery at Colorado University
- ✓ Recipient of the Best Doctors in America Acknowledgement Awards for Cardiothoracic Surgery 2008, 2010, & 2011
- ✓ Chief Science Officer and Chair of the National Cardiovascular Data Registry

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

For questions regarding the TurningPoint Surgical Quality and Safety Management Program, or to set up an in-service with your practice, please call the toll-free number (855) 909-5222 and you will be directed to a Provider Relations Specialist.