

# Surgical Quality & Safety Program for:







### **Proprietary & Confidentiality Notice**

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# Improving the quality & affordability of healthcare

TurningPoint Healthcare Solutions offers support and care oversight for your patients at the times they need it the most.

- Better surgical outcomes by reviewing up front the patient's lifestyle, other illnesses and overall health
- Easter recovery times
- Faster recovery times

Lower risk for additional surgery

- High-quality care at the right time and in the right setting for the patient
- Fewer complications



- More affordable care



Introducing a program that helps support patient care

### **PROGRAM RESULTS**

21-33<sup>%+</sup>

Reduction in **ER Post-Operative Utilization**  30%+

Cases with Utilization Behavior Change

24-64%+

Reduction in **Skilled Nursing (SNF)** 

**68**%

Reduction in **Hip & Knee Surgical Revision Rates**  30%+

Reduction in Inpatient Readmission Post-Operatively

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We improve patient care for a wide breadth of Cardiac surgical procedures

### CARDIAC

### **Cardiac Surgical Procedures**

- Automated Implantable Cardioverter Defibrillator
- Leadless Pacemaker
- Pacemaker
- Revision or Replacement of Implanted Cardiac Device
- Coronary Artery Bypass Grafting (Non-Emergent)
- Coronary Angioplasty and Stenting
- Non-Coronary Angioplasty and Stenting



### **Clinical Categories:**

Cardiac

### **Clinical Coding:**

Clinical coding specific to the procedures included in the program may be accessed through: <u>https://procedurelookup.caresource.co</u> <u>m/</u>. Please note the coding is subject to regular updates/changes as CPT/HCPCS coding is added or deleted

# Clinical Experts & Medical Policies



# Nationally Recognized Clinical Experts

TurningPoint's difference starts with our clinical leadership team that guides the quality and cost effectiveness of patient care



### **Our Peer Review Specialists Include:**

- 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

Our clinical policies and processes are based on the same standards utilized by national associations



AMERICAN COLLEGE OF SURGEONS Inspiring Quality: Highest Standards, Better Outcomes 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
- Study must be completed on humans with a sample of 30 or more patients per treatment group
- Reported on 80% of the patient 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-andpencil" 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 **<u>excluded</u>** if any of the following criteria were met:

- X 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
- X Composite measures or outcomes, even if they were patient-oriented
- X Case series studies if no baseline values were reported
- X Study was performed on cadavers

Submitting Authorization Requests & Provider Portal Access



# TurningPoint offers multiple tools to initiate prior authorization requests for procedures requiring pre-certification



### **Authorization Submission**

- Online Provider Portal
- Fax: 404-201-6624
- Phone: 678-528-2056 | 855-941-5310

### **Required Information**

- Provider information
- Facility information
- Anticipated surgery date
- Health plan information

- Member demographics
- Requested procedures/diagnosis
- Clinical Information

# TurningPoint Provider Portal Access



Direct Portal users must be registered before submitting requests



All providers will receive a notification of staff registered for portal access

# TurningPoint

Empowering healthcare solutions for high quality affordable care.

Login Now

**Register for Access** 

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Portal demonstrations can be set-up for your practice upon request

**Note:** To become a registered user of TurningPoint's Provider Portal, please go to <u>www.myturningpoint-healthcare.com</u> and register directly or contact the Provider Relations Team at 866-422-0800

Email: PortalRegistration@tpshealth.com

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# Requesting Provider Portal Access

When requesting access, TurningPoint will need:

- Practice Name
- Tax ID
- Location(s)
- Practice Staff and Performing Physicians information

**Submit Excel file** to PortalRegistration@tpshealth.com



Please enter the practice or provider group name as you would like it to appear in the system

Practice Name	Practice TIN (Tax ID Number)	



List all office or support staff that will require system access.

Last Name	First Name	Email Address	System User Role	Title	Phone 1 (Direct)	Phone 2 (Cell)	Fax

# Our portal is the best process to initiate authorizations

Turning Point	Home A	dd request Requ	ests Policies Report	ts Help		Test U
	ovider Lookup. To fi propriate results.	nd providers now, sin	nply begin typing the name	of the provider into the a	ppropriate fields and a search fu	nction will begin to narro
In Progress 1	Under P 1	Review	Information Required	Approved 2	Partially Approved 0	Denied 5
CTION REQUI     Requests in		DOB	Procedure			
CEN108332	Jane Smith	01/01/2000	Rhinoplasty, Septoplasty,	& Vestibular Stenosis Repair		Resume   Discard
- <b>1</b> >						
DA RECALLS						
<ul> <li>The second second</li></ul>	Recalls (270)					

# The portal allows you to initiate, track & retrieve case documents

TurningPoint Hor	me Add request Request	s Policies Reports Help		Test Us					
CEN108332 - Jane Smit	h (01/01/2000)								
Physician John Doe Patient Smith, Jane DOE: 01/01/2000 (D: 123496789	Summary Your request summary is si or click 'Submit Request' if i	hown below. Please review the information and make any the data is accurate.	changes by clicking on a lir	nk to edit the request d					
Procedure - Rhinoplasty, Septoplasty, & Vestibular Stenosis Repair Diagnosis -	Status	In Programs							
J30.9 - ALLERGIC RHINITIS UNSPECIFIED Facility V	Practice	Physician         John Doe (NPI: 0123456789)           Practice         ABC ORTHOPEDICS ASSOCIATES							
Sunshine Medical Clinic Summary	Location 456 HIGH STREET, SOMEWHERE, TX 12346								
	Payer Default Payer								
	Member Id 123456789								
	Patient	Patient Jane Smith (01/01/2000)							
	Height 70 Inches								
	Weight	Weight 180 Pounds							
	Procedure Common Name	Rhinoplasty, Septoplasty, & Vestibular Stenosis Repair							
	Procedure Codes	Procedure	Requested Quantity	Reviewed Quantity					
		30420 - RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR	1	0					
	Anticipated Procedure Date	9/1/2021							
	End of Service Date	01/01/1900							
	Primary Diagnosis	J30.9 - ALLERGIC RHINITIS UNSPECIFIED							
	Site	Sunshine Medical Clinic							

Previous

Test User 🔻

edit the request data.

# Authorization Status

- 1. Log in to the TurningPoint Provider Portal
- 2. Click Requests on the toolbar
- 3. Filter by Request ID, Patient, Physician or Status
- 4. See the "Status" column
- 5. Call Customer Service
  - Phone: 678-528-2056 | 855-941-5310
  - Obtain status of authorization requests through a Customer Service Representative

TurningPoint	Home	Add request Req	uests Policies	Reports	Help		Test User
EQUESTS SUBM	ITTED						
Filters:		114 reque	sts			Requests per	page: 10
Request Id	- (	<u>Request</u> ↓	<u>Patient</u>		Clinical Service	<u>Status</u>	
Patient	- (	CEN254934			Myringotomy, Tympanostom	IY, & In Progress	ÄZB
Physician	- 6	•			Tympanoplasty		
Status	•	CEN254922			Rhinoplasty, Septoplasty, & Vestibular Stenosis Repair	Under Review	A B
		CEN254907			Myringotomy, Tympanostom Tympanoplasty	IY, & Approved	Ä

All medical policies and clinical guidelines are easily accessible on the portal

TurningPeint	Home	Add request	Requests	Policies	Reports	Help
OR-1016 - Revision	n of Total Hip	Replacement				
CR-1017 - Revision	n of Total Kn	ee Replacement				
B OR-1018 - Acromic	oplasty and I	Rotator Cuff Repa	air			
CR-1019 - Shoulde	er Fusion					
CR-1020 - Surgery	for Spinal D	eformity				
B OR-1021 - Total Ar	nkle Replace	ment and Revisio	n			
<b>OR-1022</b> - Elbow F	eplacement					
B OR-1023 - Shoulde	er Replacem	ent (Total, Revers	e, Revision, H	emi)		
CR-1024 - Kyphop	lasty and Ve	rtebroplasty				
CR-1025 - Femore	acetabular A	Arthroscopy				
<b>OR-1026</b> - Hip Res	urfacing					
OR-1027 - Menisco	us Repair an	d Allograft Transp	olantation			
B OR-1028 - Partial P	Knee Replace	ement				

# **Required Documentation**

- History of present illness
- Physical exam
- Past medical history
- Conservative therapies
- Imaging
- BMI
- Smoking status
- Surgical History
- Surgical plan with a risks and benefits discussion

\*See GN-1002 Medical Record Documentation for documentation requirements. This documentation is included with all TurningPoint medical policies, which you can find in the TurningPoint Provider Portal.





# Turnaround Times & Peer-to-Peer Process



### Marketplace

### **TURNAROUND TIMES**

Type of Request	Marketplace
Standard (non-urgent) requests	<b>7 Calendar Days</b> after TurningPoint receives complete information*
Expedited (urgent) requests	72 hours
Retrospective requests	<b>30 Calendar Days</b> from the date on which TurningPoint received the authorization request

\*If you don't submit complete information, there may be delays in processing your request. \*Turnaround time shall not exceed listed timeframes

### **PEER-TO-PEER PROCESS**

- Offered by TurningPoint during notification of denials
- May be requested by provider office
- TurningPoint will request three dates and times for scheduling to help navigate physician schedules
- Commercial peer-to-peer reviews are offered for reconsideration of final determinations to allow for review of supporting clinical documentation.
- Peer-to-peer reviews are unique in that they are conducted by specialized physicians in accordance with the procedure

Prior Authorizations are valid for 30 calendar days for outpatient procedures and 1 day inpatient for the day of planned admission.

### Medicaid

### **TURNAROUND TIMES**

Type of Request	Medicaid
Standard (non-urgent) requests	<b>3 Business Days</b> after TurningPoint receives complete information*
Expedited (urgent) requests	24 hours
Retrospective requests	<b>30 Calendar Days</b> from the date on which TurningPoint received the authorization request

\*If you don't submit complete information, there may be delays in processing your request. \*Turnaround time shall not exceed listed timeframes

### **PEER-TO-PEER PROCESS**

- Offered by TurningPoint during notification of denials
- May be requested by provider office
- TurningPoint will request three dates and times for scheduling to help navigate physician schedules
- Commercial peer-to-peer reviews are offered for reconsideration of final determinations to allow for review of supporting clinical documentation.
- Peer-to-peer reviews are unique in that they are conducted by specialized physicians in accordance with the procedure

Prior Authorizations are valid for 30 calendar days for outpatient procedures and 1 day inpatient for the day of planned admission.

Procedure Code Updates, Appeals & Claims



# Procedure Code Update Process



#### **PRE-PROCEDURE**

### Update procedure codes on an authorization **prior** to the date of service

Call TurningPoint. If medical necessity review is required for the new coding, a new request will be created and you may have to submit additional clinical documentation.



#### POST-PROCEDURE

### Update procedure codes **<u>after</u>** a surgery has taken place

If a change was made to the procedure that was originally authorized, a Post Service Change Review can be submitted to TurningPoint to update the procedure prior to submitting the claim to the health plan. You may have to submit additional clinical documentation including post op notes.

\*The PSCR form can be found in the "Help" tab within the TurningPoint Portal.



### **Appeals**

TurningPoint is not delegated for appeals. Appeals should be submitted directly to the health plan. Final notification letter will provide detailed instructions for appeal submissions.



### Claims

TurningPoint is not delegated to process claims. Providers should continue to submit claims as they do currently.

## TurningPoint Market Launch

### **Program Effective Date**

Members with a date of service on or after **01/01/2024** 

TurningPoint will begin accepting these Pre-Authorization requests on **<u>12/18/2023</u>** 

#### **Provider Resources**

- Program PowerPoint presentation
- Frequently Asked Questions (FAQ) document
- TurningPoint Provider Manual
- Instructional Webinars



# Appendix

### TurningPoint Provider Relations Support

**Provider Relations Support** 

Phone: 866-422-0800 | Providersupport@tpshealth.com

Heather Shore, Provider Relations Representative

Phone: 407-602-3397 | hshore@tpshealth.com

Bethany Foxman, Manager Provider Relations

Phone: 407-233-3429 | bfoxman@tpshealth.com





Supporting your members when you need it most



Empowering Healthcare Solutions for High Quality Affordable Care



Improving Quality & Affordability

DCH Approved: 12/07/2023

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