TurningPoint Musculoskeletal Surgical Quality and Safety Management Program

Frequently Asked Questions (FAQs)

TurningPoint's Utilization Management & Precertification Contact Information:
Web Portal Intake: myturningpoint-healthcare.com
Telephonic: Local (860) 955-4542 Toll Free: (855) 577-2646| Facsimile: (866) 872-1379

1. Who is TurningPoint Healthcare Solutions, LLC?

TurningPoint Healthcare Solutions, LLC (TurningPoint) provides an innovative Musculoskeletal Surgical Quality and 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, 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 ConnectiCare and TurningPoint?

ConnectiCare has contracted with TurningPoint to provide an innovative solution to work collaboratively with providers, facilities, and physicians to reduce treatment variability, promote safety, quality of care improvements, and support for your patients. As part of this program, ConnectiCare 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 ConnectiCare group members are impacted?

Provider Network	Member Plan Names
Medicare	ConnectiCare
Marketplace	ConnectiCare

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 ConnectiCare. 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

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 using the **Prior Authorization LookUp Tool**. 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 ConnectiCare. If the request received is determined to be out of scope, TurningPoint will redirect providers to ConnectiCare based on the member's eligibility plan product information.

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

All musculoskeletal (orthopedic and spine) providers whose members fall under the enrolled plan names will be affected.

8. Do emergency room visits require prior authorization from TurningPoint?

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

9. How do I obtain a Prior Authorization from TurningPoint?

TurningPoint requests a digital first approach, with case submissions expected to be submitted through the portal whenever feasible. TurningPoint's provider portal can be accessed at: **myturningpoint-healthcare.com**.

10. What are TurningPoint's hours and days of operation?

TurningPoint is available from 8 a.m. to 5 p.m. on 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, and NPI
b. Facility name, Tax ID, and NPI
c. Anticipated surgery date
d. ConnectiCare member ID and patient demographics
e. Requested procedure(s) and 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
Medicare	7 calendar days	72 hours	30 calendar days
Marketplace	7 calendar days	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 becessity 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 for the initial day of planned admission.

15. What if there is an existing authorization on file for a date of service after 09/01/2026?

An additional authorization for services is not required from TurningPoint, and providers should follow their standard claim submission process through ConnectiCare.

16. Will TurningPoint be processing claims for ConnectiCare?

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.

17. Who is responsible for requesting prior authorization?

The physician's/provider's office who requests the procedure should request prior authorization.

18. 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 receive a notification determination letter regarding the status of the request along with supporting information.

19. 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?

Call TurningPoint. If medical necessity review is required for the new coding, a new request will be created, and you may need to submit additional clinical documentation. If a change was made to the procedure that was originally authorized, a post service change review (PSCR) 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-operative notes.

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

Once an adverse determination is rendered, TurningPoint notifies the requesting provider office, facility, and the member to explain the rationale for the denial. When communicating with the provider's office, TurningPoint offers the physician the opportunity to schedule a peer-to-peer conversation with a TurningPoint reviewer.

21. What qualifications do the TurningPoint physicians have to review prior authorization requests?

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

- ✓ Six former presidents of the American Academy of Orthopaedic Surgeons (AAOS)
- ✓ President and founder of American Association of Latino Orthopedic Surgeons
- ✓ Former presidents of the American Board of Orthopedic Surgery
- ✓ Past presidents and current board members of the North American Spine 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

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

For questions regarding the TurningPoint Program, or to setup an in-service with your practice, please call **866-422-0800**.