



# Provider Training Manual

Created for:





Dear Provider,

TurningPoint Healthcare Solutions, LLC (“TurningPoint”) on behalf of Sunflower Health Plan is pleased to introduce you to our new Surgical Quality and Safety Management Program (“Program”). The Program is designed to create patient safety through the practice of high quality and cost-effective care for Sunflower Health Plan members. This Provider Training Manual will provide you with an overview of the Program implementation and operational processes. As of 05/13/2020, you are eligible to participate in the Program. TurningPoint looks forward to working with you on this important initiative to improve the quality and safety of surgical procedures for our members.

**PROGRAM HIGHLIGHTS INCLUDE:**

- ✓ **Specialized “Peer to Peer” Engagement** where a TurningPoint physician (from the same specialty) engages the provider regarding authorization requests that require additional clinical discussion to validate the clinical appropriateness of the procedure specific to the patient’s needs and current condition.
- ✓ **Administrative Tools** to support an efficient, user-friendly authorization process for procedures requiring precertification, in addition to recommended medical necessity determinations for procedures which do not require precertification. Easy and efficient post-procedural documentation submission which will be shared with Sunflower Health Plan to facilitate timely claims payment.
- ✓ **Clinical Support Tools** to assist in the tracking and monitoring of patient outcomes and education around patient risks and preventive measures to better coordinate care for the member and reduce infection rates and complications due to patient comorbidities.
- ✓ **Provider Performance Reporting and Analytics** that gives Physicians and practice administrators greater visibility and transparency into their performance compared to the practice as a whole as well as the rest of the market.
- ✓ **FDA Recall Tracking and Monitoring** to facilitate timely and consistent notification to the Physician, patient, and to Sunflower Health Plan when a member has received or needs a revision surgery due to a Class I or II FDA device recall.

Should you have any questions, the TurningPoint staff is available Monday through Friday, 8:00am to 5pm EST at 877-364-5547.

Regards,  
Eric Pezzi  
CEO

**Key Contact Information:**

**Robynn Schena**

Provider Relations Representative  
Ph: 407-278-2065  
[rschena@tpshealth.com](mailto:rschena@tpshealth.com)

**Stacy Wolf**

VP, Operations and Provider Relations  
Ph: 407-233-3483  
[swolf@tpshealth.com](mailto:swolf@tpshealth.com)

**Bethany Foxman**

Manager, Provider Relations  
Ph: 407-233-3429  
[bfoxman@tpshealth.com](mailto:bfoxman@tpshealth.com)

**UTILIZATION MANAGEMENT & PRECERTIFICATION:**

Web Portal Intake: <http://www.myturningpoint-healthcare.com>  
Telephonic Intake: 785-727-2483 | 877-364-5547  
Facsimile Intake: 785-783-0862

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## What We Do

TurningPoint’s Surgical Quality and Safety Management Program helps to improve the quality of care, safety and affordability of healthcare services for Sunflower Health Plan members. Our comprehensive 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.

### DOCUMENT OVERVIEW

The intent of the Provider Training Manual is to provide an overview of the scope, features, and operational processes of the Sunflower Health Plan and TurningPoint Surgical Quality and Safety Management Program. The program outlined in the Provider Training Manual is designed to work collaboratively with your practice to promote and deliver improvements in the quality, safety, and the affordability of member care.

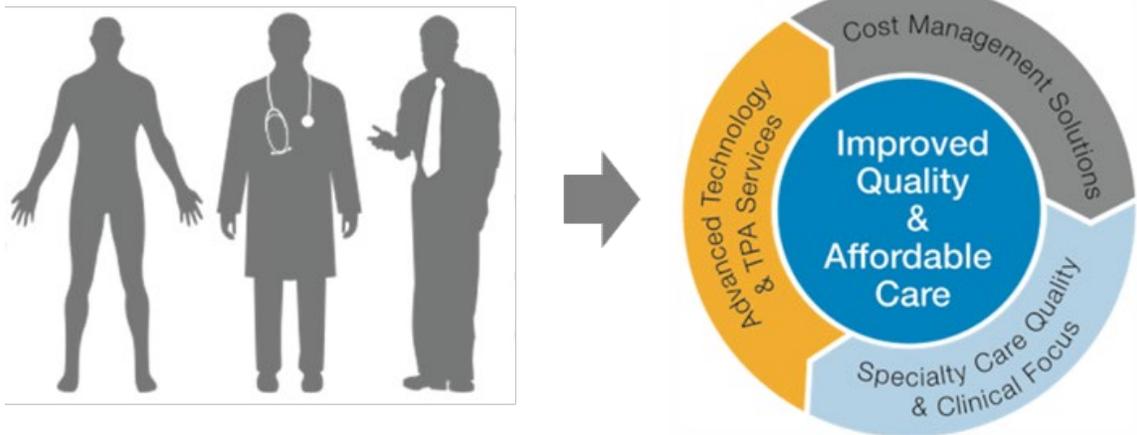
This program will utilize clinical guidelines that are based upon nationally recognized, evidence-based criteria for determining medical necessity in musculoskeletal surgical procedures. You can initiate a peer-to-peer conversation with a TurningPoint Medical Reviewer at any time during the review process by contacting TurningPoint’s Utilization Management Department at 877-364-5547

This guide contains information essential to TurningPoint’s authorization process, list of procedures covered under the programs scope of services, as well as details regarding our evidence based CarePaths.

## Program Overview

TurningPoint offers a comprehensive strategy to managing the unique complexities of surgical procedures and medical device utilization that will enable you, the Physician, to ensure an increase in the safety and quality of care for your patients. The foundation of this Surgical Quality and Safety Management program utilizes two primary tools outlined in the approach below:

1. Treatment and “CarePath” Optimization - supporting you in selecting treatment plans that are evidence based, demonstrate high quality, and optimize costs;
2. Compliance Monitoring - detailed tracking and management of provider/practice performance and patient healthcare outcomes.



Through the Surgical Quality and Safety Management program, Sunflower Health Plan and TurningPoint want to empower the collaboration between patients, physicians, and the health plan to improve the quality of care and affordability of healthcare services. Sunflower Health Plan and TurningPoint have worked together to develop a unique approach that creates value-added healthcare solutions for Physicians to help remove many of the traditional barriers that have prevented the improvement of healthcare services for high cost surgical and implantable device procedures.



## PROVIDER TRAINING MANUAL

### OPERATIONAL PROCESS

Our operational processes are designed to help improve the efficiency and timeliness of your authorizations, claims validation, and payment processing.

### COVERED PROCEDURES

The following is a list of covered procedures that are included in the Program:

#### 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

### EVIDENCE BASED CAREPATHS

TurningPoint has collaborated with Sunflower Health Plan to develop our CarePath guidelines. A key component of the development process is the engagement of Physician's and practices at a local and national level to corroborate the supporting evidence used to determine the appropriate CarePath(s) for each procedure. As a part of the program, physicians will have an opportunity to review the CarePath's through interactive round table discussions with both TurningPoint's and Sunflower Health Plan Medical Directors. Provider Relations representatives can be contacted for upcoming physician community forums as well as scheduling individual physician group discussions with Medical Directors.



**When available, our CarePaths are based upon National Guidelines. Otherwise, our process replicates the standards utilized by national associations (such as the American Academy of Orthopedic Surgeons) to create their policies.**

**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
- 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-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

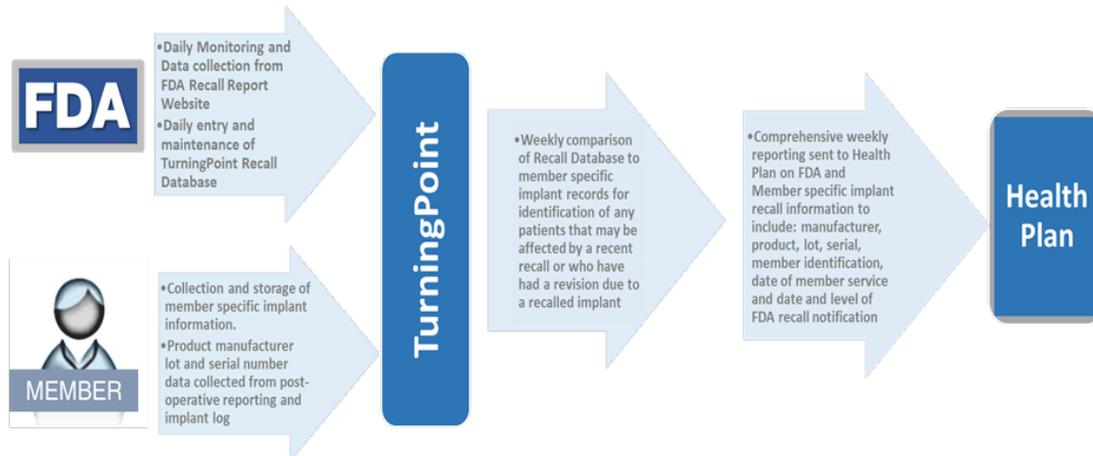
**STUDIES WERE EXCLUDED IF ANY OF THE FOLLOWING CRITERIA WERE MET:**

- 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

### DEVICE RECALL & SAFETY MANAGEMENT

Due to the complexity and volume of musculoskeletal implant recalls, Sunflower Health Plan wants to implement a consistent process among all providers to help ensure the quality and safety of its members.



1. FDA Website is monitored daily and TurningPoint's Device Recall database is updated in real time.
2. Via facsimile, email transmission, or file upload protocols, providers will be asked to submit member-specific device information to update TurningPoint's Device Recall database (post procedure) for comparison to FDA recall alerts.
3. Weekly Comparison analysis occurs between Sunflower Health Plan member information and current FDA recall alerts
4. Weekly Reporting analysis provided with device details, in addition to potential member notification alerts will appear on the Home page of the TurningPoint portal.

### CUSTOMER SERVICE & ON-GOING SUPPORT

Our Provider Relations and Utilization Management teams are dedicated to the continued support of your staff. A series of meetings, webinars, on-site trainings, and symposiums to engage you and your staff will be scheduled during the implementation phase as well as throughout the duration of the Program. Each meeting is an opportunity to engage with both TurningPoint and Sunflower Health Plan regarding questions and concerns you may have, as well as highlight the value the Program will bring to your practice and patients. Regularly scheduled open forum webinars will be offered by TurningPoint's Medical Directors and Advisory Board covering current events relative to the market place. In addition, webinars will be scheduled as necessary, covering any software updates and or release notes.

- 1) **The Initial Program Introduction** includes a high-level review of the Program components, highlights the benefits and tools available to you and your practice, the authorization process and system



## PROVIDER TRAINING MANUAL

features, and includes a discussion forum where you and your staff can ask clarifying questions and offer feedback regarding TurningPoint and Sunflower Health Plan may want to consider improving the Program after its initial launch.

- 2) **Clinical Discussions** regarding evidence-based treatment plans and CarePath. This discussion will include key medical directors from both Sunflower Health Plan and TurningPoint’s clinical teams to engage with the identified key clinical representatives from each Physician group and is intended to offer transparency into the criteria as well as promote the opportunity for physicians to give clinical input within the marketplace regarding best practices.
- 3) **On-going provider staff training and support** begins with an initial training session of each physician group’s staff on TurningPoint’s platform, tools, and process. Training materials, reference guides and system login access will also be provided at this time. TurningPoint’s team will provide support, which includes the staging of authorization requests in the web portal for submission, telephonic and “on the ground” field representatives available for immediate on-site troubleshooting and additional training as needed. After the Program launch, your practice will receive frequent and regular communication from TurningPoint’s Provider Relations team via telephonic and onsite visits to continue assisting you with any addition training needs or specific issues (technical or otherwise) that need to be resolved for the practice relative to the Program.
- 4) **Language Assistance Programs** are available for members or providers upon request. To arrange for Oral and Written translation services, please contact our Utilization Management Department at 877-364-5547.

Please feel free to contact our Provider Relations Team for any additional assistance you need:

TurningPoint Provider Relations Team	
Team Member	Contact Information
<b>Stacy Wolf</b> <i>Vice President, Client Solutions</i> <i>Chief Compliance Officer</i> <b>Team Role: Business Owner, Operations SME, Provider Relations Lead</b>	Email: <a href="mailto:swolf@tpshealth.com">swolf@tpshealth.com</a> Direct Line: 805-896-7648 robn

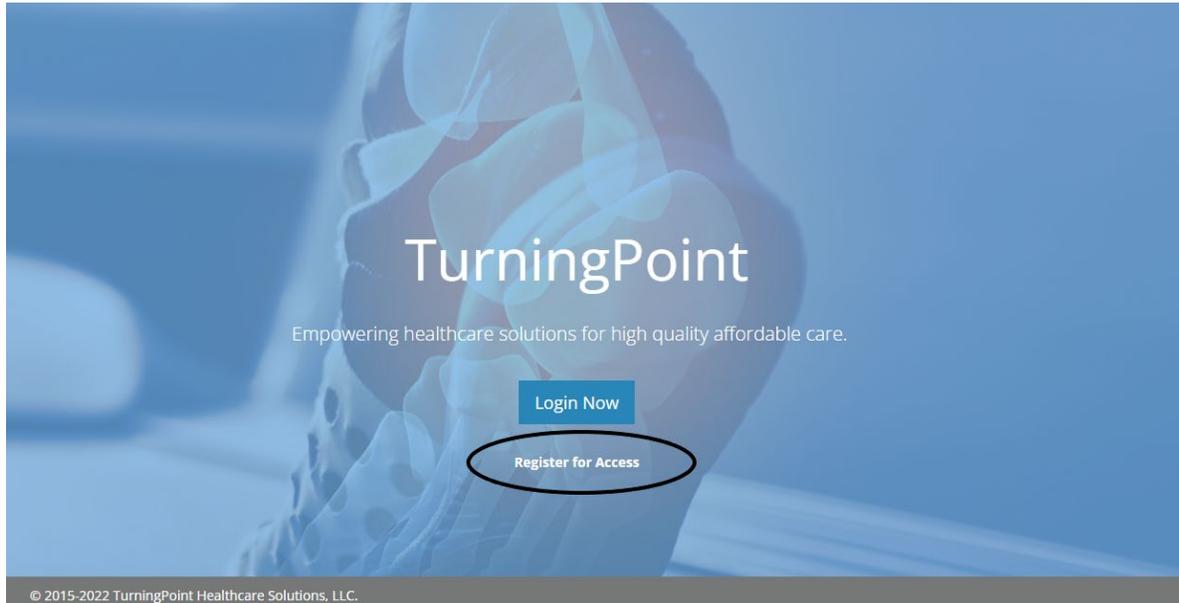


## PROVIDER TRAINING MANUAL

TurningPoint Provider Relations Team	
Team Member	Contact Information
<b>Bethany Foxman</b> <i>Manager, Provider Relations</i> <b>Team Role: Provider Relations</b>	Email: <a href="mailto:bfoxman@tpshealth.com">bfoxman@tpshealth.com</a> Direct Line: 407-233-3429
<b>Robynn Schena</b> <i>Provider Relations Representative</i> <b>Team Role: Provider Relations</b>	Email: <a href="mailto:rschena@tpshealth.com">rschena@tpshealth.com</a> Office: 407-278-2065
<b>Provider Relations Support:</b> Email: <a href="mailto:PROVIDERSUPPORT@TPSHEALTH.COM">PROVIDERSUPPORT@TPSHEALTH.COM</a> Phone: (866) 422 0800	

## Operational User Manual

### HOW TO REGISTER FOR THE PORTAL



1. Opening your preferred web browser, go to the following web address:  
<https://www.myturningpoint-healthcare.com>
2. Click the **“Register for Access”** button
- 3.

## Register for Access

Thank you for your interest in the TurningPoint Provider Portal.

The below step-by-step process will provide you access to the TurningPoint Provider Portal where you will be able to submit and see the status of authorization requests, submit clinical information, access our medical policies and see a history of authorizations submitted.

1. Download and open the **Provider Portal Registration File**.
2. Select “Enable editing” and complete all five Excel tabs including practice name, practice locations, practice staff needing access to the portal and practice clinical staff.
3. Save and send as an Excel file to: [portalregistration@tpshealth.com](mailto:portalregistration@tpshealth.com).

A member of the Provider Relations Team will follow up with you within 24-48 hours with your login credentials.

4. Click on “**Provider Portal Registration File**” to download and open the Excel spreadsheet that will allow for you to include the practice name, demographic information and individual physician’s information, along with all staff seeking access to the TurningPoint portal.
- 5.

## Register for Access

Thank you for your interest in the TurningPoint Provider Portal.

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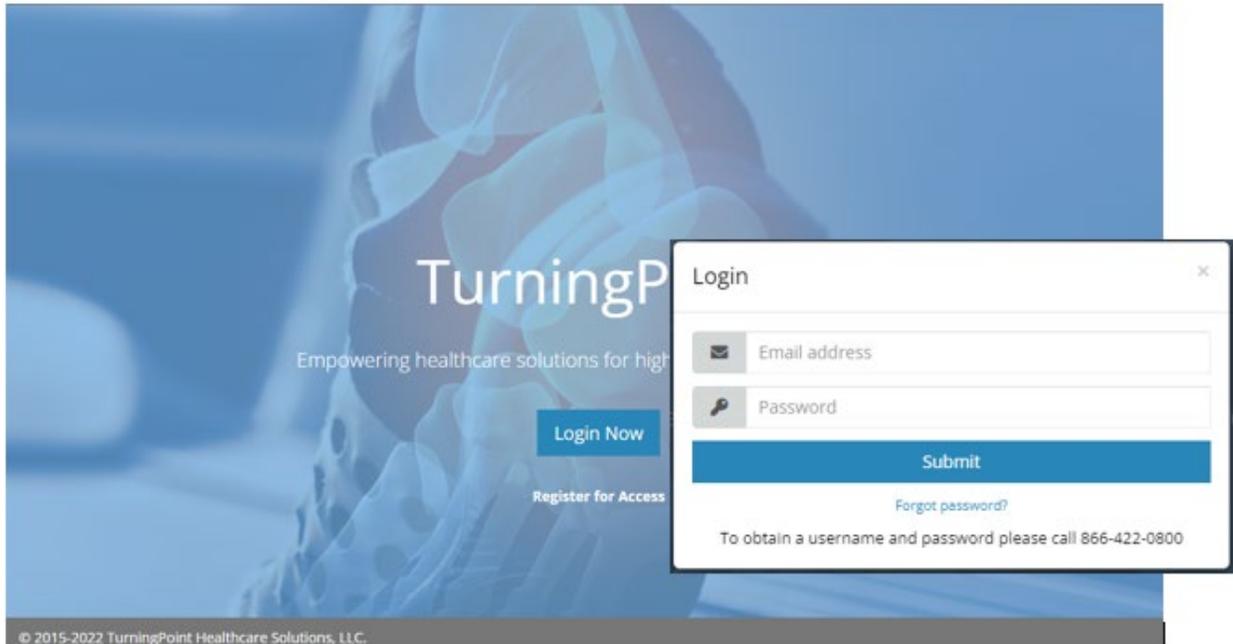
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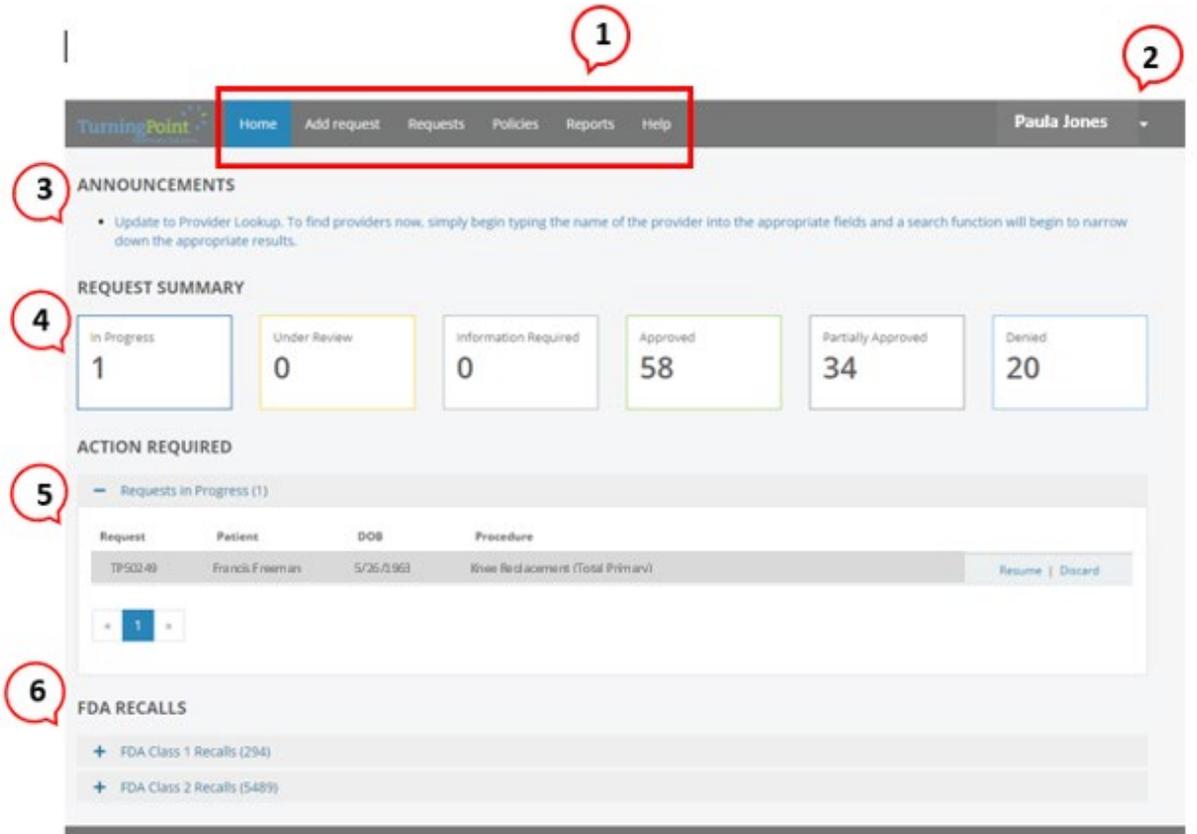
6. Upon completion of the **Provider Portal Registration File**, please email the TurningPoint Provider Relations Team at [portalregistration@tpshealth.com](mailto:portalregistration@tpshealth.com). Please include in your email the completed **Provider Portal Registration File** and allow 24 – 48 hours for the registration process to be completed.
7. The TurningPoint Provider Relations Team will email you the username and temporary password for portal access.

### STEP 1-HOW TO LOG IN



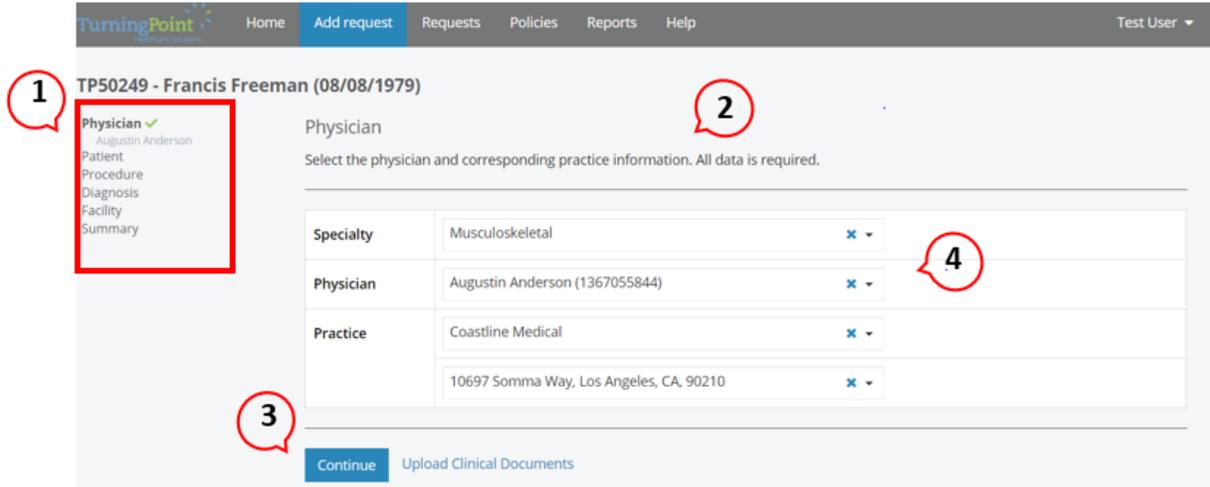
1. Opening your preferred web browser, go to the following web address:  
<https://www.myturningpoint-healthcare.com>
2. Click the “**Login Now**” button and use your email address as your login name.
  - a. This email address has been provided by your office administrator/manager. If you are unsure of your login name, please check with your immediate supervisor first before contacting TurningPoint for assistance.
  - b. If you do not know your login and/or password, please contact either your Provider Relations Team contact or our IT helpdesk ([portalsupport@tpshealth.com](mailto:portalsupport@tpshealth.com))

STEP 2-HOME PAGE & HOW TO SUBMIT A REQUEST FOR PRE-AUTHORIZATION



1. **Menu Navigation Bar** – To help you navigate to the different functional pages within the provider portal.
2. **Your Login information** – Allows you to change your password and manage your user profile information by clicking on the down arrow for the account menu.
3. **Announcements** – Important information regarding upcoming engagement opportunities, system maintenance, and health plan provider updates for your group.
4. **Request Summary** – Shows a snapshot of all requests related to your group. These tiles are also shortcuts to the Requests functional page and will automatically set a view filter to show only those requests counted within that tile.
5. **Action Required** – Shows all items requiring action specific to your group and can include: incomplete drafts, FDA recalls affecting one of your patients, additional information requested, and even post-procedure supporting documentation such as implant logs and post-op reports.
6. **FDA Recalls** – Allows you to select and view FDA Class 1 Recalls and FDA Class 2 Recalls.

### STEP 3- HOW TO ADD PHYSICIAN INFORMATION



TurningPoint Home Add request Requests Policies Reports Help Test User ▾

TP50249 - Francis Freeman (08/08/1979)

Physician ✓  
Augustin Anderson

Patient  
Procedure  
Diagnosis  
Facility  
Summary

Physician  
Select the physician and corresponding practice information. All data is required.

Specialty	Musculoskeletal
Physician	Augustin Anderson (1367055844)
Practice	Coastline Medical
	10697 Somma Way, Los Angeles, CA, 90210

Continue Upload Clinical Documents

1. **Add Request Wizard** – Shows all the steps in the Add Request Intake Process and highlights the step that's currently active.
2. **Data Entry Form** – All fields requiring information will appear in this area as drop-down menus, value fields and selection buttons.
3. **Continue** – Navigation button that allows you to move forward within the Add Request Data Entry Form.
4. **Add Physician/Practice/Location** – Allows you to enter the specialty and provider information. This information will be validated by our Clinical Operations team prior to the request being finalized.

**STEP 4- HOW TO ADD PATIENT INFORMATION**

TP50249 - Francis Freeman (08/08/1979)

Physician ✓ Augustin Anderson  
 Patient ✓ Freeman, Francis  
 DOB: 08/08/1979  
 ID: 7124117988  
 Procedure  
 Diagnosis  
 Facility  
 Summary

Patient  
 To find the patient, search by the member's health plan ID (OR) by the patient's first and last name and corresponding date of birth. If you aren't looking for the primary subscriber search by Member name or DOB. Click the "Search" button and select a patient from the results available in the dropdown list below. All data is required.

Search  
 Search by MEMBER ID  Search by PATIENT NAME & DOB  
 7124117988 Search

Member ID	First Name	Last Name	Birth Date
7124117988	Francis	Freeman	Aug 8, 1979

Height/Weight BMI  
 Height: 70 Inches  
 Weight: 180 Pounds

Previous Continue Upload Clinical Documents

1. **Add Request Wizard** – Will continue to update as you work through the request.
2. **Patient Look-up** – Allows you to search by Member ID OR Patient Name and Date of Birth (DOB).
3. **Patient Selection** – Shows the search results from the information entered in #2.
4. **Patient Information** – Height/Weight can be entered using inches/pounds OR cm/kg. You can also select and enter the BMI.

**STEP 5- HOW TO ADD PROCEDURE INFORMATION**

Procedure  
 Select the procedure name. Search filtered or all procedure codes. Click the "Add" button to add a procedure code to the procedure code list. Click the "Remove" button to remove a procedure code from the procedure code list. Update the quantities in the procedure code list as necessary. All data is required.

Procedure Name Hip Arthroscopy

Procedure Codes  
 Search filtered (by procedure name)  Search all (3 character minimum)  
 Select a procedure code Add

Code	Quantity
29915 - ARTHROSCOPY HIP W/ACETABULOPLASTY	1 Remove

Anticipated Procedure Date 12/16/2020

Previous Continue Upload Clinical Documents

1. **Procedure Name** – Allows you to find your procedure using a “plain language” name (i.e. Hip Arthroscopy)
2. **Procedure Codes** – Allows you to filter the ICD-10 or CPT Codes related to the procedure selected
3. **Anticipated Procedure Date** – Allows you to enter the anticipated date of service

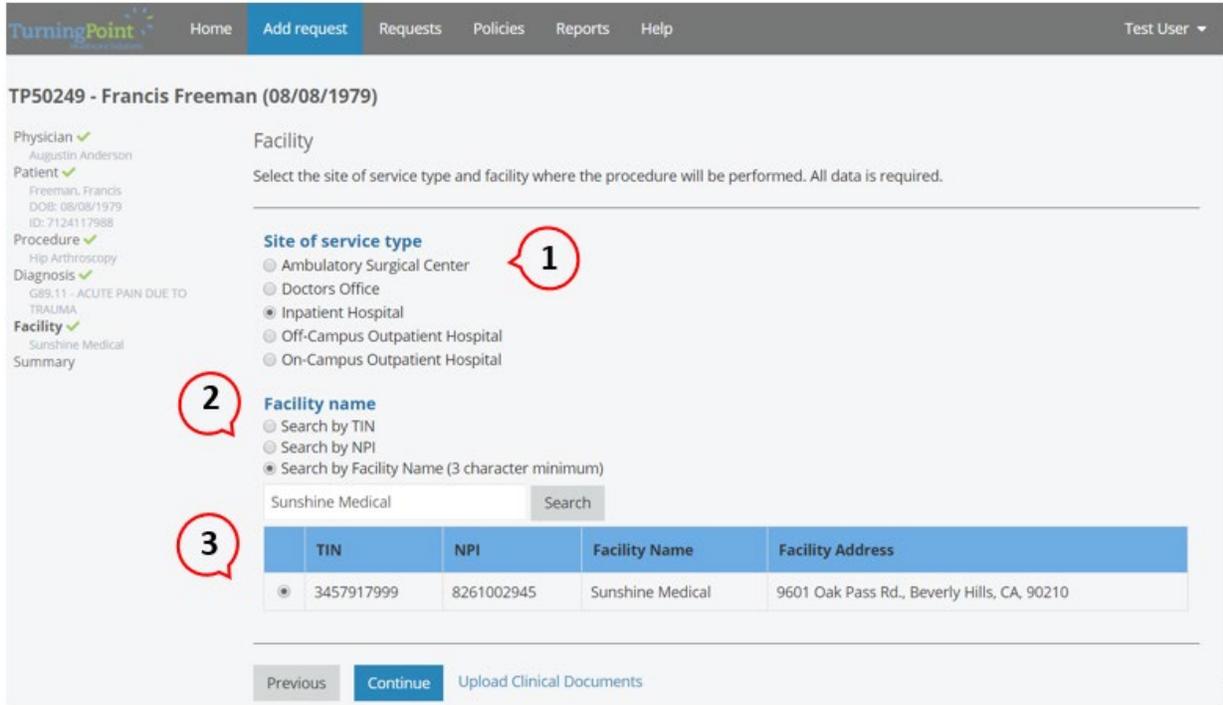
**STEP 6- HOW TO ADD DIAGNOSIS INFORMATION**

1. **Diagnosis** – The filter menu allows you to search for a diagnosis code by description or by code.

**STEP 7- HOW TO ADD CLINICAL INFORMATION**

1. **Drag & Drop or Browse Files** – Allows you to drag and drop or select documents from your computer to the case
2. **Upload** – Allows you to upload the files with the option of undoing this action

**STEP 8- HOW TO SELECT THE FACILITY**



TurningPoint Home Add request Requests Policies Reports Help Test User

TP50249 - Francis Freeman (08/08/1979)

Physician ✓  
Augustin Anderson

Patient ✓  
Freeman, Francis  
DOB: 08/08/1979  
ID: 7124117988

Procedure ✓  
Hip Arthroscopy

Diagnosis ✓  
G89.11 - ACUTE PAIN DUE TO TRAUMA

Facility ✓  
Sunshine Medical  
Summary

Facility

Select the site of service type and facility where the procedure will be performed. All data is required.

**Site of service type**

- Ambulatory Surgical Center
- Doctors Office
- Inpatient Hospital
- Off-Campus Outpatient Hospital
- On-Campus Outpatient Hospital

**Facility name**

- Search by TIN
- Search by NPI
- Search by Facility Name (3 character minimum)

Sunshine Medical Search

	TIN	NPI	Facility Name	Facility Address
•	3457917999	8261002945	Sunshine Medical	9601 Oak Pass Rd., Beverly Hills, CA, 90210

Previous Continue Upload Clinical Documents

1. **Site of Service Type** – Allows you to select the site of service
2. **Facility Name**– Allows you to filter/search based on the facility TIN, NPI or name
3. **Facility Search**–Shows a resulting list of facilities that may be used based on information provided in Step 2

**STEP 9- HOW TO VIEW THE SUMMARY OF THE REQUEST ENTERED**

**TP50249 - Francis Freeman (08/08/1979)**

Physician ✓ Augustin Anderson  
 Patient ✓ Freeman, Francis  
 DOB: 08/08/1979  
 ID: 7124117988  
 Procedure ✓ Hip Arthroscopy  
 Diagnosis ✓ G89.11 - ACUTE PAIN DUE TO TRAUMA  
 Facility ✓ Sunshine Medical  
**Summary**

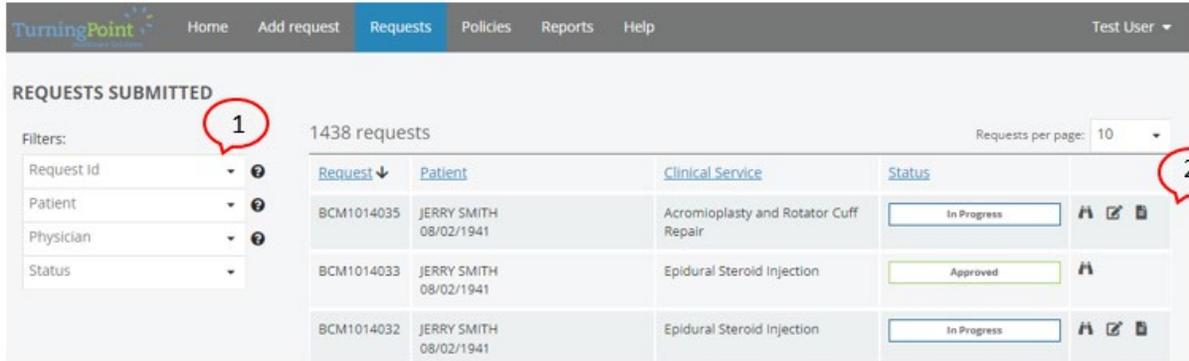
**Summary**  
 Your request summary is shown below. Please review the information and make any changes by clicking on a link to edit the request data, or click 'Submit Request' if the data is accurate.

Status	<a href="#">In Progress</a>							
Physician	Augustin Anderson (NPI: 1367055844)							
Practice	Coastline Medical							
Location	10697 Somma Way, Los Angeles, CA, 90210							
Payer	Demo Payer							
Member Id	7124117988							
Patient	Francis Freeman (08/08/1979)							
Height	70 Inches							
Weight	180 Pounds							
Procedure Common Name	Hip Arthroscopy							
Procedure Codes	<table border="1"> <thead> <tr> <th>Procedure</th> <th>Requested Quantity</th> <th>Reviewed Quantity</th> </tr> </thead> <tbody> <tr> <td>29915 - ARTHROSCOPY HIP W/ACETABULOPLASTY</td> <td>1</td> <td>0</td> </tr> </tbody> </table>	Procedure	Requested Quantity	Reviewed Quantity	29915 - ARTHROSCOPY HIP W/ACETABULOPLASTY	1	0	
Procedure	Requested Quantity	Reviewed Quantity						
29915 - ARTHROSCOPY HIP W/ACETABULOPLASTY	1	0						
Anticipated Procedure Date	12/17/2020							
Primary Diagnosis	G89.11 - ACUTE PAIN DUE TO TRAUMA							
Site	Sunshine Medical							

Previous [Print Summary](#) [Submit Request](#)

1. **Summary of the Request**– Allows you to review or go back to a particular section
2. **Projected Outcome Status**– Displays outcome as authorized or pending review
3. **Print**– This added benefit allows you to print for your records
4. **Submit Request** – Submits request directly to TurningPoint

### ADDITIONAL PORTAL SHORTCUTS AND HELPFUL TIPS



TurningPoint Home Add request Requests Policies Reports Help Test User

**REQUESTS SUBMITTED**

Filters: **1**

1438 requests Requests per page: 10

Request	Patient	Clinical Service	Status
BCM1014035	JERRY SMITH 08/02/1941	Acromioplasty and Rotator Cuff Repair	In Progress
BCM1014033	JERRY SMITH 08/02/1941	Epidural Steroid Injection	Approved
BCM1014032	JERRY SMITH 08/02/1941	Epidural Steroid Injection	In Progress

**2**

1. **Request Filters** – The Requests page allows you to view all the requests associated with your group (or specific provider location if selected). However, you have the ability to filter the requests by various criteria such as Request ID, Patient, Physician, and Status. You can add more than one filter to narrow your search results.
2. **Request Results** – The resulting Requests are listed, by default, in chronological order by Request ID and you have the ability to click on any request to see the full detail of the information submitted.
  - a. Each column heading can be used to re-sort the resulting list
  - b. The Statuses are also visible

HELP TAB: CONTACT CUSTOMER SERVICE

TurningPoint [Home](#) [Add request](#) [Requests](#) [Policies](#) [Reports](#) [Help](#) Test User ▾

## Help

Find helpful articles and guidance to using our services

---

HELPFUL INFORMATION

Name	Email	Phone
Portal Support	<a href="mailto:portalsupport@turningpoint-healthcare.com">portalsupport@turningpoint-healthcare.com</a>	855-275-4500
Compliance	<a href="mailto:compliance@turningpoint-healthcare.com">compliance@turningpoint-healthcare.com</a>	855-391-5832

Provider to request an update on previously authorized services

- [PSCR Form](#)
- [NM Uniform Prior Authorization Form](#)

---

FREQUENTLY ASKED QUESTIONS

[How do I reset or change my password?](#)

[I don't see all of my providers listed in the portal? Why?](#)

[Will I be notified if my session is going to time out?](#)

[Does TurningPoint have multiple language support?](#)

The Help Menu provides key contact information to help support you and resolve issues that arise. Helpful articles and information may also appear on this page to support your practice. Directions for oral and written translations are also found under the Help Menu.



# PROVIDER TRAINING MANUAL

## REQUEST AUTHORIZATION FORM

		<b>AUTHORIZATION REQUEST FORM</b> Utilization Management Local Phone: (xxx) xxx-xxxx Utilization Management Toll Free Phone: (xxx) xxx-xxxx Utilization Management Fax: (xxx) xxx-xxxx																		
<table border="1"> <tr><td>Today's Date &amp; Time:</td></tr> <tr><td>Provider Contact Name:</td></tr> <tr><td>Provider Contact Phone:</td></tr> <tr><td>Provider Contact Fax:</td></tr> <tr><td>Provider Name:</td></tr> <tr><td>Provider TIN:</td></tr> <tr><td>Provider NPI:</td></tr> <tr><td>Practice/Group Name:</td></tr> <tr><td>Provider Physical Address:</td></tr> <tr><td>Provider Mailing Address (if different):</td></tr> </table>		Today's Date & Time:	Provider Contact Name:	Provider Contact Phone:	Provider Contact Fax:	Provider Name:	Provider TIN:	Provider NPI:	Practice/Group Name:	Provider Physical Address:	Provider Mailing Address (if different):	<table border="1"> <tr><td>Member Name:</td></tr> <tr><td>Date of Birth:</td></tr> <tr><td>Member ID (including any alpha prefix):</td></tr> <tr><td>Health Plan:</td></tr> <tr><td>Notification Method Preference: <input type="checkbox"/> Postal Mail <input type="checkbox"/> Fax</td></tr> <tr><td>*Please be sure mailing address or fax number is provided.</td></tr> <tr><td>Notes:</td></tr> </table>		Member Name:	Date of Birth:	Member ID (including any alpha prefix):	Health Plan:	Notification Method Preference: <input type="checkbox"/> Postal Mail <input type="checkbox"/> Fax	*Please be sure mailing address or fax number is provided.	Notes:
Today's Date & Time:																				
Provider Contact Name:																				
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Provider Physical Address:																				
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Member Name:																				
Date of Birth:																				
Member ID (including any alpha prefix):																				
Health Plan:																				
Notification Method Preference: <input type="checkbox"/> Postal Mail <input type="checkbox"/> Fax																				
*Please be sure mailing address or fax number is provided.																				
Notes:																				
Requested Procedure:		Anticipated Surgery Date:																		
CPT/HCPCS or ICD Procedure Code(s):																				
Diagnosis Code(s):																				
Facility Setting: <input type="checkbox"/> Inpatient Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> Ambulatory Surgical Center																				
Facility Name:		Facility Contact Name:																		
Facility TIN:		Facility Contact Phone:																		
Facility NPI:		Facility Contact Fax:																		
Facility Physical Address:		Facility Mailing Address (if different):																		
Patient's Height: _____	Patient's Weight: _____	Patient's BMI: _____																		



## PROVIDER TRAINING MANUAL

### QUICK REFERENCE SHEET

#### **HOURS OF AVAILABILITY: MONDAY – FRIDAY\* | 8:00 AM (EASTERN) TO 5:00 PM (EASTERN)**

*\*Calendar Holidays established on a yearly basis between TurningPoint and Sunflower Health Plan with on-call Provider Support provided on Non-Business Days (Weekends & Holidays) as determined necessary by Sunflower Health Plan.*

#### **PROVIDER RELATIONS SUPPORT:**

PH: 866-422-0800 | [PROVIDERSUPPORT@TURNINGPOINT-HEALTHCARE.COM](mailto:PROVIDERSUPPORT@TURNINGPOINT-HEALTHCARE.COM)

#### **Robynn Schena**

Provider Relations Representative

Ph: 407-278-2065

[rschena@tpshealth.com](mailto:rschena@tpshealth.com)

#### **Stacy Wolf**

Vice President, Provider Relations

Ph: 407-233-3483

[swolf@tpshealth.com](mailto:swolf@tpshealth.com)

#### **Bethany Foxman**

Manager, Provider Relations

Ph: 407-233-3429

[smorgan@tpshealth.com](mailto:smorgan@tpshealth.com)

#### **UTILIZATION MANAGEMENT & PRECERTIFICATION:**

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

Telephonic Intake: 785-727-2483 | 877-364-5547

Facsimile Intake: 785-783-0862

#### **TECHNICAL SUPPORT:**

PH: 855.275.4500 | [PORTALSUPPORT@TURNINGPOINT-HEALTHCARE.COM](mailto:PORTALSUPPORT@TURNINGPOINT-HEALTHCARE.COM)

#### **Recommended Web Browser Versions:**

- 1) Google Chrome
- 2) Microsoft Edge
- 3) Mozilla Firefox

#### **Additional Browser Settings/Plugins Needed:**

- ✓ Adobe PDF Reader
- ✓ JavaScript Enable

#### **Recommended Screen Resolution to support:**

- ✓ 1280x1024

#### **Required Minimum Screen Resolution:**

- ✓ 1024x768