

NETWORK Notification

Notice Date: December 2, 2025

To: CareSource MyCare Ohio (HMO D-SNP) Providers

From: CareSource® MyCare Ohio (HMO D-SNP)

Subject: Cardiac and Musculoskeletal Surgical Quality and Safety Management

Program in Partnership with TurningPoint

Effective Date: January 1, 2026

Summarv

CareSource is pleased to announce the upcoming launch of TurningPoint's Cardiac and Musculoskeletal Surgical Quality and Safety Management Program to our CareSource® MyCare Ohio (HMO D-SNP) members. The program is designed to work collaboratively with physicians to promote patient safety through the practice of high quality and cost-effective care for CareSource members undergoing cardiac and musculoskeletal surgical procedures.

Impact

- ✓ **Administrative Tools** to support an efficient, user-friendly request process for obtaining medical necessity prior authorizations for procedures which require precertification. Easy and efficient post-procedural documentation submission which will be shared with CareSource to facilitate timely claims payment.
- ✓ **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.
- ✓ **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.
- ✓ 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.

Effective **January 1, 2026**, providers will be able to begin submitting requests to TurningPoint for prior authorization for dates of service on or after **January 1, 2026**, for the following populations:

CareSource MyCare Ohio (HMO D-SNP) members

While it is the responsibility of the rendering physician to obtain prior authorization, facility providers are encouraged to contact TurningPoint to verify the prior authorization has been complete for CareSource members prior to admission.

Providers (in-network and out-of-network) can view musculoskeletal and cardiac surgical policies and guidelines at TurningPoint's website after registration on the TurningPoint Portal by visiting TurningPoint Provider Portal (myturningpoint-healthcare.com).

Prior Authorization for medical necessity and appropriate length of stay (when applicable) has been delegated to **TurningPoint Healthcare Solutions**, **LLC** and will be required for the following surgical procedures in *both inpatient and outpatient settings*:

CARDIAC SURGERIES & PROCEDURES

Including all associated partial, total, and revision	surgeries
 ✓ Coronary Angioplasty/Stenting ✓ Implantable Cardioverter Defibrillator ✓ ICD Revision or Removal ✓ Pacemaker ✓ Pacemaker Revision or Removal ✓ Peripheral Revascularization ✓ Coronary Artery Bypass Grafting 	 ✓ Internal Cardiac Monitoring ✓ Leadless Pacemaker ✓ Left Atrial Appendage (LAA) Occluders ✓ Non-Coronary Angioplasty/Stenting ✓ Valve Replacement ✓ WCD – Wearable Cardiac Defibrillator

MUSCULOSKELETAL SURGERIES & PROCEDURES

KEY PROVISIONS:

- Emergency related procedures do not require authorization
- It is the responsibility of the ordering physician to obtain authorization
- Providers rendering the above services should verify that the necessary authorization has been obtained; failure to do so may result in non-payment of your claims
- Clinical policies are available by contacting TurningPoint at 1-866-422-0800 for access to digital copies

Importance

Please visit the TurningPoint Provider Portal at: <u>Login - TurningPoint Provider Portal</u> for Provider Policies and more information about TurningPoint.

We appreciate your support and look forward to your cooperation in assuring that CareSource members receive high quality, cost-effective care for these surgical procedures.

PROCEDURE CODE LOOKUP TOOL:

Effective **January 1, 2026**, please refer to the health plan Procedure Code Lookup Tool to determine whether a service requires prior authorization. All services that require prior authorization from CareSource should be authorized prior to service delivery. CareSource is not able to pay claims for services in which prior authorization is required but not obtained by the provider.

APPEALS:

Clinical appeals, claims disputes and claims appeals should be submitted to CareSource. Please www.CareSource.com/oh/providers/provider-portal/appeals/mycare-snp/ for claims and grievance & appeals information. Please call TurningPoint's Peer to Peer coordination line at 1-800-581-3920 to submit peer to peer review requests.

Questions?

For more information, please refer to the Provider Manual or contact TurningPoint Provider Relations at **1-866-422-0800**. You can reach us Monday through Friday from 8 a.m. to 6 p.m. Eastern time (ET).

H6396 OH-SNP-P-4315254 C