

SERFF Tracking Number: ELEC-125440283 State: New Jersey

Filing Company: Electric Insurance Company State Tracking Number: 08-0158

Company Tracking Number: NJ-CC-08

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: NJ-CC-08

Project Name:

Disposition Date: 01/24/2008

Effective Date (New): 02/06/2008

Effective Date (Renewal):

Status: Approved

Comment:

Commissioner Steven M. Goldman has approved the filing. The filing will become effective February 1, 2008. Should this effective date be inconvenient for your needs, please contact us immediately.

For the completion of our files, please provide us with final printed material pursuant to N.J.A.C. 11:1-2.2(c) (pages in the case of manual filings and forms in the case of form filings) within 10 days from receipt of this letter, or at least 10 days prior to the effective date of implementation. Failure to provide this information may result in penalties pursuant to N.J.A.C. 11:1-2.7.

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program :	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Electric Insurance Company	%	%	\$		\$	%	%

Schedule Items

Item Type	Item Name	Item Status	Public Access
Supporting Document	P&C Cover Letter		Yes
Supporting Document	NAIC Uniform Property and Casualty Transmittal Document - Read Long Desc		Yes
Supporting Document	Explanatory Memorandum		Yes
Supporting	MARS002 - Final Printed Pages		Yes



Sent Via Overnight Mail

January 28, 2008

Adam Malo
State of New Jersey
Department of Banking and Insurance
Division of Insurance
20 West State Street
Trenton, NJ 08625

**RE: Electric Insurance Company (NAIC 057-21261)
Decision Point Review/Pre-certification Plan
SERFF Tracking Number: ELEC-125440283**

Dear Mr. Malo:

I am in receipt of your email dated January 24, 2008, advising Electric Insurance that our most recent Decision Point Review filing has been approved.

We would like to amend the effective date to February 6, 2008. Please let me know if this is a problem.

I enclose the following finalized documents for your review:

- Updated Notice to the Medical Provider
- Updated Notice to the Insured/Claimant

Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Nina Capeles".

Nina Capeles
Regulatory Counsel
Electric Insurance Company
978/524-5272 (T)
978/236-5272 (F)
nina.capeles@electricinsurance.com

Enclosures



Date:

Doctor Name
Address
City, State, Zip

Re: Claimant Name
Claim Number
Date of Accident

Dear Doctor:

Personal Injury Protection (PIP) is the portion of the auto policy that provides coverage for medical expenses. These medical expenses are subject to policy limits, deductibles, co-payment's and any applicable medical fee schedules. Additionally, these medical expenses must be for services that are deemed medically necessary and causally related to the motor vehicle accident. With the adoption of the Automobile Cost Reduction Act of 1998, several important changes have been made in the way a claim is processed. Additional information regarding Decision Point Review/Pre-Certification can be accessed on the Internet at the New Jersey Department of Banking and Insurance's website at <http://www.nj.gov/dobi/filings.htm>.

Premier Prizm Solutions LLC has been selected by *Electric Insurance Company* to implement their plan as required by the Automobile Cost Reduction Act. Premier Prizm will review treatment plan requests for Decision Point Review/Pre-Certification, perform Medical Bill Repricing and Audits of provider bills, coordinate Independent Medical Exams and Peer Reviews, and provide Case Management Services.

If certain medically necessary services are performed without notifying *Electric Insurance Company* or Premier Prizm a penalty/co-payment may be applied. Medical care rendered in the first 10 days following the covered loss or any care received during an emergency situation is not subject to Decision Point Review/Pre-certification.

The Plan Administrator of this plan is:

Premier Prizm Solutions, LLC
10 East Stow Road
Suite 100
Marlton, NJ 08053
Phone Number: 856-596-5600
Fax Number: 856-596-6300
Email Address AICRA@PremierPrizm.com

Submission of Treatment Plan Requests for Decision Point Review/Pre-Certification

Please complete the attached "Attending Provider Treatment Plan" form and forward with any applicable medical documentation to Premier Prizm by fax (856-596-6300), or mail (10 East Stow Road, Suite 100 Marlton, NJ 08053) or email to TreatmentRequests@PremierPrizm.com. This form can be accessed on Premier Prizm's web site at www.PremierPrizm.com. Any questions regarding your treatment request can be directed to Premier Prizm at 856-596-5600 during regular business hours of Monday through Friday 8:00 AM to 5:00 PM, EST except for Federally Declared Holidays.

10 East Stow Road, Suite 100, Marlton, NJ 08053
Email – AICRA@PremierPrizm.com

Phone (856) 596-5600
Fax (856) 596-6300



Decision Point Review

Pursuant to N.J.A.C. 11:3-4, the New Jersey Department of Banking and Insurance has published standard courses of treatment, known as **Care Paths**, for soft tissue injuries, collectively referred to as **Identified Injuries**. Additionally, guidelines for certain diagnostic tests have been established by the New Jersey Department of Banking and Insurance according to N.J.A.C. 11:3-4. *Decision Points* are intervals within the Care Paths where treatment is evaluated for a decision about the continuation or choice of further treatment the attending physician provides. At Decision Points, the eligible injured person or the health care provider must provide Premier Prizm with information regarding further treatment the health care provider intends to provide.

In accordance with N.J.A.C. 11:3-4.5, the administration of any of the following diagnostic tests is subject to Decision Point Review, regardless of diagnosis:

Diagnostic Tests which are subject to Decision Point Review according to N.J.A.C. 11:3-4.5

1. Needle Electromyography (EMG)
2. Somatosensory Evoked Potential (SSEP)
3. Visual Evoked Potential (VEP)
4. Brain Audio Evoked Potential (BAEP)
5. Brain Evoked Potentials (BEP)
6. Nerve Conduction Velocity (NCV)
7. H-Reflex Studies
8. Electroencephalogram (EEG)
9. Videofluoroscopy
10. Magnetic Resonance Imaging (MRI)
11. Computer Assisted Tomograms (CT, CAT Scan)
12. Dynatom/Cybex Station/Cybex Studies
13. Sonogram/Ultrasound
14. Brain Mapping
15. Thermography/Thermograms

Pre-Certification

Pursuant to N.J.A.C. 11:3-4.7, the New Jersey Department of Banking and Insurance, Premier Prizm's Pre-Certification Plan requires pre-authorization of certain treatment/diagnostic tests or services. Failure to pre-certify these services may result in penalties/co-payments even if services are deemed medically necessary. If the eligible injured person does not have an Identified Injury, you as the treating provider are required to obtain Pre-Certification of treatment, diagnostic tests, services, prescriptions, durable medical equipment or other potentially covered expenses as noted below:

1. Non-emergency inpatient and outpatient hospital care
2. Non-emergency surgical procedures
3. Extended Care Rehabilitation Facilities
4. Outpatient care for soft-tissue/disc injuries of the person's neck, back and related structures not included within the diagnoses covered by the Care Path's.
5. Physical, Occupational, Speech, Cognitive, Rehabilitation or other restorative therapy or therapeutic or body part manipulation except as provided for identified injuries in accordance with decision point review.
6. Outpatient psychological/psychiatric treatment/testing or other services
7. All pain management services except as provided for identified injuries in accordance with decision point review
8. Home Health Care
9. Acupuncture
10. Durable Medical Equipment (including orthotics or prosthetics) with a costly or monthly rental in excess of \$100.00
11. Non-Emergency Dental Restorations
12. Temporomandibular disorder; any oral facial syndrome



Decision Point Review/Pre-Certification Process

On behalf of *Electric Insurance Company*, Premier Prizm will review all treatment plan requests and medical documentation submitted. A decision will be rendered within three business days of receipt of a completed Attending Provider treatment Plan form request with supporting medical documentation. If additional information is requested, the decision will be rendered within three days of our receipt of the additional information. In the event that *Electric Insurance Company* or Premier Prizm does not receive sufficient medical information accompanying the request for treatment, diagnostic tests or services to make a decision, an administrative denial will be rendered, until such information is received. If a decision is not rendered within three business days of receipt of an "Attending Provider Treatment Plan " form, you, as the treating health care provider, may render medically necessary treatment until a decision is rendered.

Please note that the denial of decision point review and pre-certification requests on the basis of medical necessity shall be the determination of a physician. In the case of treatment prescribed by a dentist, the denial shall be by a dentist.

Voluntary Pre-Certification

We encourage you, as the treating health care provider, to participate in a voluntary pre-certification process by submitting a comprehensive treatment plan to Premier Prizm for all services provided. Premier Prizm will utilize nationally accepted criteria to authorize a mutually agreeable course of treatment. In consideration for your participation in this voluntary pre-certification process, the bills you submit consistent with the agreed plan will not be subject to review or audit as long as they are in accordance with the policy limits, deductibles, and any applicable PIP fee schedule. This process increases the communication between the patient, provider and Premier Prizm to develop a comprehensive treatment plan with the avoidance of unnecessary interruptions in care.

Independent Medical Examinations

Premier Prizm or *Electric Insurance Company* may request an Independent Medical Examination. At times, this examination may be necessary to reach a decision in response to the treatment plan request by the treating provider. This examination will be scheduled with a provider in the same discipline and at a location reasonably convenient to the injured person. Premier Prizm will schedule the appointment for the examination within 7 days of the day of the receipt of the request unless the insured/designee otherwise agrees to extend the time frame. Medically necessary treatment may proceed while the examination is being scheduled and until the Independent Medical Examination results become available. Upon completion of the Independent Medical Examination, you, as the treating provider, will be notified of the results by fax or mail within three business days after the examination. A copy of the examiner's report is available upon request.

Premier Prizm will notify the injured party or designee and the treating provider of the scheduled physical examination and of the consequences for unexcused failure to appear at two or more appointments. If the injured party has two or more unexcused failures to attend the scheduled exam, notification will be immediately sent to the injured person or his or her designee, and all the providers treating the injured person for the diagnosis (and related diagnosis) contained in the attending physicians treatment plan form. This notification will place the injured person on notice that all future treatment diagnostic testing or durable medical equipment required for the diagnosis and (related diagnosis) contained in the attending physicians treatment plan form will not be reimbursable as a consequence for failure to comply with the plan.



Voluntary Network Services

Premier Prizm has established a network of approved vendors for diagnostic imaging studies for all MRI's and Cat Scans, durable medical equipment with a cost or monthly rental over \$100.00, prescription drugs and all electrodiagnostic testing, listed in N.J.A.C 11:3-4.5(b) 1-3, (unless performed in conjunction with a needle EMG by the treating provider). If the injured party utilizes one of the pre-approved networks, the 30% co-payment will be waived. If any of the electro-diagnostic tests listed in N.J.A.C. 11:3-4.5(b) are performed by the treating provider in conjunction with the needle EMG, the 30% co-payment will not apply. In cases of prescriptions, the \$10.00 co-pay of *Electric Insurance Company* will be waived if obtained from one of the pre-approved networks.

For *diagnostic tests* of MRI's and Cat Scans, the approved voluntary network that can be utilized is either Atlantic Imaging or One Call. Once a diagnostic test that is subject to pre-approval through Decision Point Review/Pre-Certification is authorized, a representative of Premier Prizm will contact one of these vendors and forward the information to them for scheduling purposes. A representative from the diagnostic facility will contact the injured party and schedule the test at a time and place convenient to them.

For *Durable Medical Equipment* with a cost or monthly rental over \$100.00, the approved network is *Progressive Medical, Inc.* Once a request for Durable Medical Equipment that is subject to pre-approval through Decision Point Review/Pre-Certification is authorized, a representative of Premier Prizm will contact Progressive Medical and forward the information to them. The equipment will be shipped to the injured party from Progressive Medical, 24 hours after the request is received.

When the injured party is in need of *prescription drugs*, the approved network is *MyMatrixx* or *Jordan Reese*. A pharmacy card will be issued that can be presented at numerous participating pharmacies. A list of participating pharmacies will be mailed to the injured party once the need for a prescription has been identified.

For *Electrodiagnostic Testing*, the approved networks are *One Call* and *Atlantic Neurodiagnostic Group*. Once an electrodiagnostic test that is subject to pre-approval through Decision Point Review/Pre-Certification is authorized, a representative of Premier Prizm will contact one of the three vendors and forward the information to them for scheduling purposes. A representative from the diagnostic facility will contact the injured party and schedule the test at a time and place convenient to them. When Electrodiagnostic tests are performed by you, in conjunction with a needle EMG, the 30% co-payment will not apply.

Penalty Notification

Failure to submit requests for Decision Point Review or Pre-certification where required, or failure to submit clinically supported findings that support the treatment, diagnostic testing, or durable medical goods requested will result in a co-payment penalty of 50%. This co-payment is in addition to any co-payment stated in the insured's policy.

Assignment of Benefits

Health care providers that accept assignment for payment of benefits should be aware that they are required to hold harmless the injured person, insured or the insurance carrier for any reduction of benefits caused by the provider's failure to comply with the terms of the decision point/pre-certification plan. In addition, you must agree to submit disputes to our Internal Appeals Process prior to submitting any disputes through National Arbitration Forum as per N.J.A.C. 11:3-5. Failure to comply with the Decision Point Review /Pre-Certification Plan or the Requirements to follow the Internal Appeals Process prior to filing litigation including arbitrations will void any and all prior assignment of benefits under this policy.



Internal Appeal Process

Appeals Regarding a Decision related to a Treatment Request

You, as the treating provider, may request an internal appeal on any modified or denied services or other matters related to the treatment or care of the injured person. For appeals regarding a decision related to a treatment request, notification to Premier Prizm needs to occur within 10 business days of the receipt of the decision in question. This appeal must be made in writing by fax, mail or by accessing the Internal Appeals Form on the web site at which point further documentation can be discussed with a physician advisor. This appeal must contain the treating provider's signature and the reason for the appeal. Premier Prizm's response to the appeal will be communicated to the requesting provider in writing by fax within ten business days of the receipt. An Internal Appeals Form can be accessed on Premier Prizm's web site at www.PremierPrizm.com.

Appeals Regarding any issue other than a Decision Related to a Treatment Request

You, as the treating provider, may request an internal appeal for any and all issues. These issues may include, but are not limited to, bill review or payment for services. This appeal must be signed by the treating provider and submitted in writing stating the issue being disputed along with supporting documentation. Premier Prizm's written response to this appeal will be communicated to the requesting provider by fax or mail within 10 business days of the receipt of the request. If you, as the treating provider, have a valid assignment of benefits, this appeal must be submitted to Premier Prizm 21 days prior to the initiation of any arbitration or litigation.

Submission of an appeal through the Internal Appeals Process as outlined above is required for any treating provider who has accepted an assignment of benefits. Should the assignee choose to retain an attorney to handle the Appeals Process, they do so at their own expense.

Dispute Resolution Process

If there is any dispute that is not resolved at the Internal Appeal Process, it may be submitted through the Personal Injury Protection Dispute Process (N.J.A.C 11:3-5). This can be initiated by contacting the National Arbitration Forum at 732-271-6100. **Failure to utilize the Internal Appeal Process prior to filing arbitration or litigation will invalidate an assignment of benefits.**

The staff at Premier Prizm remains available to you and your patient in order to assist with the Decision Point Review/Pre-Certification Process.

Sincerely,

Premier Prizm Solutions



Date:

Patient Name
Address
City, State, Zip

Re: Claimant Name
Claim Number
Date of Accident

Dear Patient:

Personal Injury Protection (PIP) is the portion of the auto policy that provides coverage for medical expenses. These medical expenses are subject to policy limits, deductibles, co-payment's and any applicable medical fee schedules. Additionally, these medical expenses must be for services that are deemed medically necessary and causally related to the motor vehicle accident. With the adoption of the Automobile Cost Reduction Act of 1998, several important changes have been made in the way a claim is processed. Additional information regarding Decision Point Review/Pre-Certification can be accessed on the Internet at the New Jersey Department of Banking and Insurance's website at <http://www.nj.gov/dobi/filings.htm>.

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Decision Point Review

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4. Brain Audio Evoked Potential (BAEP)
5. Brain Evoked Potentials (BEP)
6. Nerve Conduction Velocity (NCV)
7. H-Reflex Studies
8. Electroencephalogram (EEG)
9. Videofluoroscopy
10. Magnetic Resonance Imaging (MRI)
11. Computer Assisted Tomograms (CT, CAT Scan)
12. Dynatorm/Cybox Station/Cybox Studies
13. Sonogram/Ultrasound
14. Brain Mapping
15. Thermography/Thermograms

Pre-Certification

Pursuant to N.J.A.C. 11:3-4.7, the New Jersey Department of Banking and Insurance, Premier Prizm's Pre-Certification Plan requires pre-authorization of certain treatment/diagnostic tests or services. Failure to pre-certify these services may result in penalties/co-payments even if services are deemed medically necessary. If the eligible injured person does not have an Identified Injury, your treating provider is required to obtain Pre-Certification of treatment, diagnostic tests, services, prescriptions, durable medical equipment or other potentially covered expenses as noted below:

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5. Physical, Occupational, Speech, Cognitive, Rehabilitation or other restorative therapy or therapeutic or body part manipulation except as provided for identified injuries in accordance with decision point review.
6. Outpatient psychological/psychiatric treatment/testing or other services
7. All pain management services except as provided for identified injuries in accordance with decision point review
8. Home Health Care
9. Acupuncture
10. Durable Medical Equipment (including orthotics or prosthetics) with a costly or monthly rental in excess of \$100.00
11. Non-Emergency Dental Restorations
12. Temporomandibular disorder; any oral facial syndrome



Decision Point Review Pre-Certification Process

On behalf of *Electric Insurance Company*, Premier Prizm will review all treatment plan requests and medical documentation submitted. A decision will be rendered within three business days of receipt of a completed Attending Provider Treatment Plan Form request with supporting medical documentation. If additional information is requested, the decision will be rendered within three days of our receipt of the additional information. In the event that *Electric Insurance Company* or Premier Prizm does not receive sufficient medical information accompanying the request for treatment, diagnostic tests or services to make a decision, an administrative denial will be rendered, until such information is received. If a decision is not rendered within three business days of receipt of an "Attending Provider Treatment Plan" form, your treating health care provider may render medically necessary treatment until a decision is rendered.

Please note that the denial of decision point review and pre-certification requests on the basis of medical necessity shall be the determination of a physician. In the case of treatment prescribed by a dentist, the denial shall be by a dentist.

Voluntary Pre-Certification

We encourage you to participate in a voluntary pre-certification process by bringing a treatment plan request form to your provider or have them contact us for all services requested. Premier Prizm will utilize nationally accepted criteria to authorize a mutually agreeable course of treatment. In consideration for your participation in this voluntary pre-certification process, the bills your provider submits, when consistent with the agreed plan, will not be subject to review or audit as long as they are in accordance with the policy limits, deductibles, and any applicable PIP fee schedule. This process increases the communication between the patient, provider and Premier Prizm to develop a comprehensive treatment plan with the avoidance of unnecessary interruptions in care.

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Premier Prizm will notify you or your designee and the treating provider of the scheduled physical examination and of the consequences for unexcused failure to appear at two or more appointments. If you, the injured party have two or more unexcused failures to attend the scheduled exam, notification will be immediately sent to you or your designee, and all the providers treating you for the diagnosis (and related diagnosis) contained in the attending physicians treatment plan form. This notification will place you on notice that all future treatment diagnostic testing or durable medical equipment required for the diagnosis and (related diagnosis) contained in the attending physicians treatment plan form will not be reimbursable as a consequence for failure to comply with the plan.



Voluntary Network Services

Premier Prizm has established a network of approved vendors for diagnostic imaging studies for all MRI's and Cat Scans, durable medical equipment with a cost or monthly rental over \$100.00, prescription drugs and all electrodiagnostic testing, listed in N.J.A.C 11:3-4.5(b) 1-3, (unless performed in conjunction with a needle EMG by your treating provider). If you, the injured party utilize one of the pre-approved networks, the 30% co-payment will be waived. If any of the electro-diagnostic tests listed in N.J.A.C 11:3-4.5(b) are performed by the treating provider in conjunction with the needle EMG, the 30% co-payment will not apply. In cases of prescriptions, the \$10.00 co-pay of *Electric Insurance Company* will be waived if obtained from one of the pre-approved networks.

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For *Durable Medical Equipment* with a cost or monthly rental over \$100.00, the approved network is *Progressive Medical, Inc.* Once a request for Durable Medical Equipment that is subject to pre-approval through Decision Point Review/Pre-Certification is authorized, a representative of Premier Prizm will contact Progressive Medical and forward the information to them. The equipment will be shipped to you, the injured party from Progressive Medical, 24 hours after the request is received.

When you are in need of *prescription* drugs, the approved network is My Matrix or Jordan Reese. A pharmacy card will be issued that can be presented at numerous participating pharmacies. A list of participating pharmacies will be mailed to you once the need for a prescription has been identified.

For *Electrodiagnostic Testing*, the approved networks are One Call and Atlantic Neurodiagnostic Group. Once an electro diagnostic test that is subject to pre-approval through Decision Point Review/ Pre-Certification is authorized, a representative of Premier Prizm will contact one of the three vendors and forward the information to them for scheduling purposes. A representative from the diagnostic facility will contact you, the injured party and schedule the test at a time and place convenient to them. When Electrodiagnostic tests are performed by your treating provider, in conjunction with a needle EMG, the 30% co-payment will not apply.

Penalty Notification

Failure to submit request for Decision Point Review or Pre-Certification where required, or failure to submit clinically supported findings that support the treatment, diagnostic testing, or durable medical goods requested will result in a co-payment of 50%. This co-payment is in addition to any co-payment stated in the insured's policy.



Assignment of Benefits

Health care providers that accept assignment for payment of benefits should be aware that they are required to hold harmless you, the injured person, insured or the insurance carrier for any reduction of benefits caused by the provider's failure to comply with the terms of the decision point/pre-certification plan. In addition, your treating provider must agree to submit disputes to our Internal Appeals Process prior to submitting any disputes through the National Arbitration Forum as per N.J.A.C. 11:3-5. Failure to comply with the Decision Point Review/Pre-Certification Plan or the Requirements to follow the Internal Appeals Process prior to filing litigation including arbitrations will void any and all prior assignment of benefits under this policy.

Internal Appeal Process

Appeals Regarding a Decision Related to a Treatment Request

Your treating provider may request an internal appeal on any modified or denied services or other matters related to the treatment or care of you the injured person. For appeals regarding a decision related to a treatment request, notification to Premier Prizm needs to occur within 10 business days of the receipt of the decision in question. This appeal must be made in writing by fax, mail or by accessing the Internal Appeals Form on the web site at which point further documentation can be discussed with a physician advisor. This appeal must contain the treating provider's signature and the reason for the appeal. Premier Prizm's response to the appeal will be communicated to the requesting provider in writing by fax within ten business days of the receipt. An Internal Appeals Form can be accessed on Premier Prizm's web site at www.PremierPrizm.com

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Submission of an appeal through the Internal Appeals Process as stated above is required for any treating provider who has accepted an assignment of benefits. Should the assignee choose to retain an attorney to handle the Appeals Process, they do so at their own expense.

Dispute Resolution Process

If there is any dispute that is not resolved at the Internal Appeals Process, it may be submitted through the Personal Injury Protection Dispute Process (N.J.A.C. 11:3-5). This can be initiated by contacting the National Arbitration Forum at 732-271-6100. **Failure to utilize the Internal Appeal Process prior to filing arbitration or litigation will invalidate an Assignment of Benefits.**

The staff at Premier Prizm remains available to you and your doctor in order to assist with the Decision Point Review/Pre-Certification Process.

Sincerely,

Premier Prizm Solutions, LLC.

10 East Stow Road, Suite 100, Marlton, NJ 08053
Email – AICRA@PremierPrizm.com

Phone (856) 596-5600
Fax (856) 596-6300

SERFF Tracking Number: ELEC-125440283 State: New Jersey

Filing Company: Electric Insurance Company State Tracking Number: 08-0158

Company Tracking Number: NJ-CC-08

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: NJ-CC-08

Project Name:

Disposition Date: 01/24/2008
 Effective Date (New): 02/01/2008
 Effective Date (Renewal):
 Status: Approved
 Comment:

Commissioner Steven M. Goldman has approved the filing. The filing will become effective February 1, 2008. Should this effective date be inconvenient for your needs, please contact us immediately.

For the completion of our files, please provide us with final printed material pursuant to N.J.A.C. 11:1-2.2(c) (pages in the case of manual filings and forms in the case of form filings) within 10 days from receipt of this letter, or at least 10 days prior to the effective date of implementation. Failure to provide this information may result in penalties pursuant to N.J.A.C. 11:1-2.7.

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program :	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Electric Insurance Company	%	%	\$		\$	%	%

Schedule Items

Item Type	Item Name	Item Status	Public Access
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Supporting Document	NAIC Uniform Property and Casualty Transmittal Document - Read Long Desc		Yes
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