

Liberty Mutual Plan

Premier Prizm Solutions, LLC (Premier Prizm) submits the following Plan for Decision Point Review and Pre-Certification in accordance with NJAC 11:3-4.7, NJAC 11:3-4.8, NJAC 11:34-5.

Scope:

1. Premier Prizm Solutions is a PIP vendor as defined in NJAC 11:3-4.2. Premier Prizm has appointed Dr. Daniel Ragone as their Medical Director. He is a New Jersey Licensed physician who is Board Certified in Physical Medicine and Rehabilitation. Dr. Ragone has been contracted to assume the duties of Medical Director for our Decision Point Review/Pre-Certification Plan. Dr. Ragone will oversee a multi-specialty team of board certified physicians, dentist, chiropractors and psychologists. He shall ensure that decision point review requests and pre-certification requests are handled in accordance with NJAC 11:3-4. These physician advisors will render decisions for medical necessity.
2. No Decision Point or precertification requirements shall apply within 10 days of the injured parties event or to treatment administered in emergency care as stated in NJAC 11:3-4.7. This provision shall not be construed as to require reimbursement of tests and treatment that are not medically necessary.
3. Informational materials for policyholders, injured parties and providers shall be on forms approved by the Commissioner as stated in NJAC 11:3-4.4. These materials will be distributed by one of Liberty Mutual Insurance Group, Inc majority owned or controlled subsidiaries (Liberty Mutual) at policy issuance, renewal and upon notification of the claim. Additionally, these materials will be available at the insurer's Web Site. These materials will include:
 - How to contact Liberty Mutual or Premier Prizm to submit decision point review/pre-certification requests including the designated telephone, fax numbers, email addresses and web site addresses.
 - An explanation of the Decision Point Review process/Pre-Cert Process including a list of the identified injuries and the diagnostic tests (NJAC 11:3-4.5). The materials shall also include copies of the Care Paths or indicate how copies can be obtained. Additionally, the web site will include the list of voluntary networks with their telephone, fax and email addresses.

Liberty Mutual Plan

- A list of the medical services that require pre-certification.
 - An explanation of how Liberty Mutual will respond to decision point review/pre-certification requests, including time frames. The materials should indicate:
 - Telephonic responses will be followed with a written authorization, denial or request for more information within three business days.
 - If Premier Prizm on behalf of Liberty Mutual fails to respond to a request for decision point review/pre-certification within three business days from the time it is received by Liberty Mutual or Premier Prizm at the designated address, web address, fax or phone number, the treatment, testing or durable medical equipment may proceed until the insurer notifies the provider that reimbursement for the treatment or testing is not authorized.
 - An explanation of the penalty co-payments imposed for the failure to submit decision point review/pre-certification requests where required or failure to provide clinically supported findings that support the treatment, diagnostic tests or durable medical goods in accordance with NJAC 11:3-4.4
 - An explanation and certification of Liberty Mutual voluntary network for certain types of testing, durable medical equipment and prescription drugs authorized by NJAC 11:3-4.4
 - An explanation of the alternatives available to the provider if reimbursement for a proposed treatment or test is denied or modified, including the internal appeals process and how to use it.
 - An explanation of the Liberty Mutual restriction on assignment of benefits, if any.
4. Insured or injured party is obliged to notify Liberty Mutual at the time of injury. Contact information is provided to the insured by Liberty Mutual in their policy information. Once the Liberty Mutual is notified of injuries, the claims handler will contact the injured party to explain the Decision Point Review/Pre-Certification process and obtain the facts surrounding the injury. The claims handler via mail forwards a notification packet to the injured party or designee and any named medical providers. The claim is forwarded by the claims handler to Premier Prizm via fax (856-596-6300) or electronically at (Referrals@PremierPrizm.com) by accessing Premier Prizm's web address at www.PremierPrizm.com or by electronic transfer to Premier Prizm within 24 business hours.

Liberty Mutual Plan

5. Provider is obliged to contact Liberty Mutual or its designated vendor at the designated address, web address, fax or phone number, once treatment that is subject to Decision Point Review or Pre-Certification is initiated. The provider contacts Premier Prizm at -596-5600 phone, by fax at 856-596-6300, or electronically at TreatmentRequests@PremierPrizm.com or by accessing Premier Prizm's web address at www.PremierPrizm.com
 - o In accordance with Order Number A04-143, all treating providers are required to submit all requests on the "Attending Provider Treatment Plan" form. A copy of this form can be found on the NJDOBI web site www.nj.gov/dobi/aicrapg.htm or at Premier Prizm's web site www.PremierPrizm.com
6. A decision to the provider's request for treatment/test/Durable Medical Equipment will be rendered within 3 business days after the treatment request is received by Liberty Mutual or Premier Prizm at the designated address, web address, fax or phone number. This decision is communicated to the requesting provider by fax or mail. Normal business days are defined as Monday through Friday 8:00 AM to 5:00 PM, EST excluding Federally Declared Holidays. If additional information is required, a decision will be rendered within three business days of receipt of the complete information at the designated address, web address, fax or phone number.
7. Failure to request decision point review or pre-certification where required or failure to provide clinically supported findings that support the treatment, test or durable medical equipment requested shall result in an additional copayment of 50% of the eligible charge for medically necessary diagnostic tests, treatments or durable medical goods that were rendered between the time notification to the insurer was required and when Premier Prizm renders the decision within 3 business days of receipt of the treatment request
8. In accordance with NJAC 11:3-4.7:
 - Denials 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.

Liberty Mutual Plan

- If we fail to respond to the request within three business days of receipt of the necessary information at the designated address, web address, fax or phone number, the treating provider may continue the test, course of treatment, or durable medical equipment until such time as the final determination is communicated to the provider.
- The treating provider must be notified of the decision within the stated 3 business days by fax or mail (as defined by date of postmark)
- The “Dear Provider” Letter (Appendix A) states that if Premier Prizm, on behalf of the insurer does not respond to the request within 3 business days of receipt of the necessary information at the designated address, web address, fax or phone number, the provider may proceed with the treatment, test, or durable medical equipment until such time as a final determination is communicated to the provider.
- Premier Prizm shall notify the injured person or designee if a physical examination is required to determine the medical necessity of further treatment, test, or durable medical equipment.
- If a physical or mental examination is required, the appointment will be scheduled within seven (7) calendar days of the date of the request for the treatment, test or durable medical equipment unless the injured person/designee agrees to extend the time period.
- The IME shall be scheduled with a provider of the same discipline as the treating provider and within a location reasonably convenient to the patient. The injured person, upon the request of Liberty Mutual shall provide medical records and other pertinent information to the provider conducting the medical examination. The requested records shall be provided at the time of the examination or before.
- Treatment which is medically necessary may continue with the treating provider until the results of the IME are available.
- Premier Prizm, Liberty Mutual or it’s designee 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

Liberty Mutual Plan

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.

- After an unexcused failure to attend a scheduled physical exam, Liberty Mutual will send a notification (by mail or fax) to the insured or their designee and all treating providers for the diagnosis (and related diagnosis) contained in the Attending Provider Treatment Plan form advising them of the consequences (cessation of reimbursement for future treatment/tests/durable medical equipment) for unexcused failure to attend the second scheduled examination.
 - Premier Prizm or Liberty Mutual shall notify the treating provider whether reimbursement for further treatment or testing is authorized as promptly as possible, but no later than 3 business days after the examination. The injured party/designee and the treating provider shall be entitled to a copy of the IME report upon request
 - Liberty Mutual will notify the treating provider by fax or mail if the injured party has a second unexcused failure to attend the IME. This notification will state no further reimbursement can be made.
9. The following list includes treatment, test and medical services that are subject to Pre-Certification according to Premier Prizm's Plan:
- Non-emergency inpatient and outpatient hospital care
 - Non-emergency surgical procedures
 - Extended Care Rehabilitation Facilities
 - 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.
 - Physical, Occupational, Speech, Cognitive, Rehabilitation or other restorative therapy or therapeutic or body part manipulation except that provided for identified injuries in accordance with decision point review.
 - Outpatient psychological/psychiatric treatment/testing and/or services
 - All pain management services except as provided for identified injuries in accordance with decision point review
 - Home Health Care

Liberty Mutual Plan

- Acupuncture
 - Durable Medical Equipment (including orthotics and prosthetics), with a cost or monthly rental, in excess of \$100.00
 - Non-Emergency Dental Restorations
 - Temporomandibular disorders; any oral facial syndrome
10. Treating providers are encouraged to submit their requests in an effort to establish an agreed upon voluntary comprehensive treatment plan for all of a covered person's injuries to minimize the need for piecemeal review. Reimbursement for treatment, testing or Durable Medical Equipment consistent with the consensual treatment plan will be made without review or audit.
11. Reimbursement for treatment, testing or Durable Medical Equipment which was properly submitted for Decision Point Review/Pre-Certification cannot be retrospectively denied unless fraudulent information was submitted by the injured party or the provider or if there was no coverage in effect.
12. In accordance with NJAC 11:3-4.7, **Premier Prizm's Appeal Process** is as follows:
- If a request for **medical services** is denied or modified by a Physician Advisor Review or an IME, the treating provider can request a reconsideration by the Physician Advisor who rendered the decision (or a designated Physician Advisor in his absence) or by Premier Prizm's Medical Director. This request should be made in writing within 10 business days of receipt of the decision to deny the DPR or Pre-Certification request. The request should include reasons for reconsideration along with any additional supporting documentation.
 - The Physician Advisor reviews all Internal Appeal Requests which are forwarded with additional documentation. If there is no additional documentation, the Internal Appeal is conducted with Premier Prizm's Medical Director or a designee in his absence.
 - A telephone conference with the Physician Advisor or the Medical Director and the treating provider is conducted within 10 business days of the receipt of the appeal.
 - It may be determined that an Independent Medical Examination is necessary. If this is the case, the

Liberty Mutual Plan

appointment shall be scheduled within seven (7) calendar days of receipt of the appeal request unless the injured person agrees to extend the time period. The examination shall be held in a location convenient to the injured party with a provider of the same specialty as the treating provider

- If the treating provider is not satisfied with the results of Premier Prizm's Internal Appeals Process, the treating provider may file with the Dispute Resolution Organization through the National Arbitration Forum at National Arbitration Forum PO Box 6500 Somerset, NJ 08873 or www.arbforum.com.
 - Premier Prizm's written response to the appeal will be communicated to the requesting provider by fax or mail within 10 business days of receipt of request.
 - If the appeal is for **any issue** not related to a request for a decision point review or precertification, a treating provider may request reconsideration through Premier Prizm. Issues not related to a request for decision point review or precertification can 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 receipt of request
 - If the appeal request has been reviewed at both levels and no additional information is provided, the internal appeals process will be considered exhausted and filings through the National Arbitration Forum will be recommended.
2. Assignment of Benefits – If the treating provider accepts assignment for payment of benefits please be aware that the treating provider is required to hold harmless the insured and the insurer for any reduction of benefits caused by the treating provider's failure to comply with the terms of Decision Point Review/Pre-Certification Plan. The appeals process as listed above in Section 12, **must be followed** by any treating provider who has accepted an assignment of benefits. The treating provider must agree to submit appeals for **all issues** (both those related to the medical decision as rendered during the Decision Point Review/ PreCertification Process and to all others including but not limited to payment issues) through the Internal Appeals Process prior to submitting any unresolved disputes through the National Arbitration Forum process. This appeal must be submitted to Premier Prizm 21 days prior to the initiation of any

Liberty Mutual Plan

arbitration or litigation. Should the assignee choose to retain an attorney to handle the Appeals Process, they do so at their own expense. Premier Prizm's written response to this appeal will be communicated to the requesting provider by fax or mail within 10 business days of receipt of request.

1. Premier Prizm will implement the following voluntary network services, which have been certified by Premier Prizm. All of voluntary networks listed below: Progressive Medical, MyMatrixx Jordan Reses, Atlantic Imaging, Atlantic Neurodiagnostic Group, and One Call maintain licensures, certifications and adequate malpractice coverage. MyMatrixx provides services through Procura which is an approved managed care organization in the state of New Jersey. Jordan Reese provides services through CHN Solutions Managed Care, which is also an approved Worker's Compensation Managed Care Organization in the stated of New Jersey . All of the other previously mentioned voluntary networks provide services through approved Genex's Worker's Compensation Managed Care Organizations in the State of New Jersey, in accordance with N.J.A.C 11:6.
 - Durable Medical Equipment (DME) greater than \$100.00 in cost or monthly rentals.
 - o Progressive Medical Inc. has been contracted to provide Durable Medical Equipment for injured parties of Liberty Mutual utilizing Premier Prizm as their designated PIP vendor. Approved DME will be processed within 24 business hours of receipt of the request (other than custom equipment). Courier service, UPS, mail, or patient pick up will be utilized to assure the timely receipt of the equipment,
 - Prescription Drugs
 - o Jordan Reses, and My Matrixx have been contracted to provide pharmaceutical products to injured parties of Liberty Mutual utilizing Premier Prizm as their designated PIP vendor. A pharmacy card will be issued to the injured party to obtain prescription drugs at one of the listed designated pharmacies.
 - Diagnostic Imaging for Magnetic Resonance Imagery (MRI) or Computer Assisted Tomography (CT Scans)

Liberty Mutual Plan

- o *One Call and Atlantic Imaging* have been contracted to provide Diagnostic Imaging to all injured parties of Liberty Mutual utilizing Premier Prizm as their designated PIP vendor. These imaging centers are strategically located throughout the state for convenience of the injured person.
- Electrodiagnostic Testing for procedures listed in NJAC 11:3-4.5(b) #1-3, except when performed in conjunction with a needle EMG by the treating provider.
 - o *One Call and Atlantic Neurodiagnostic Group* have been contracted to provide Diagnostic Imaging to all injured parties of Liberty Mutual Insurance Company utilizing Premier Prizm as their designated PIP vendor. These electrodiagnostic centers are strategically located throughout the state for convenience of the injured person.

Co-Payments

- If an injured person uses a provider for a MRI, CT Scan or Electrodiagnostic testing from any of the above networks the 30% co-payment as per N.J.A.C 11:3-4.4(f) will not apply. However, if the treating provider performs the needle EMG himself, this test and associated electrodiagnostics, the injured party would not receive a 30% co-payment.
- In the case of prescription drugs when the injured party uses a provider from any of the above networks, the \$10.00 co pay will not apply.
- If the injured party goes outside of the network, the co-payments as stated above will apply.

Liberty Mutual Plan

II. Workflow

Premier Prizm Solutions LLC, submits this workflow for approval by the NJDOBI to implement their Decision Point Review/Pre-Certification Plan.

1. Notification of event involving an injury:
 - When the insured or covered individual is injured, the Injured Party notifies Liberty Mutual of injury. Liberty Mutual verifies coverage and eligibility and then sends out an informational packet to the claimant. The informational packet from the insured will include:
 - o Dear Provider Letter (Appendix A)
 - o Dear Patient Letter (Appendix B)
 - o Attending Provider Treatment Plan (Appendix C)
2. The claim is referred by to Premier Prizm with the following information:
 - Claim Number
 - Claimant Name
 - Claimant Address
 - Claimant Phone Number
 - Policy Information (Deductible, Limits)
 - Date of Accident
 - Treating Provider Name/Address/Phone Number/Fax Number
 - Attorney Information
3. This information can be forwarded by:
 - Phone at 856-596-5600
 - Faxed to 856-596-6300 or
 - Emailed to Referrals @PremierPrizm.com or
 - Premier Prizm's Web Site at www.PremierPrizm.com or
 - Electronic Data Interface

Liberty Mutual Plan

4. Trained clerical support personnel or a direct electronic interface with Liberty Mutual's claims system enter the information in Section b above into utilization tracking software. Contact is made within 24 business hours to the treating provider requesting the following information:
 - Diagnosis (ICD-9)
 - Treatment/Testing/Durable Medical Equipment Requested (CPT codes, HCPS codes)
 - Frequency and duration of requested treatment/test/or service
 - Anticipated start date/end date of proposed treatment/testing/service

5. Clinical rationale to support medical necessity of request for treatment/testing/service.
 - Previous treatment to date and patient's response
 - Any pertinent diagnostic testing and results
 - Previous medical history
 - Date of Accident
 - Clinical symptoms of patient

6. The provider contacts Premier Prizm by telephone, fax, or email with the information in Section 5 above. The provider can contact Premier Prizm by phone during regular business hours (856-596-5600). Regular business hours are defined as Monday through Friday, except for Federally Declared Holidays, between the hours of 8:00 AM and 5:00 PM, EST. The provider can also submit the information by returning the Treatment Request form (Appendix C) via fax to 856-596-6300, electronically to TreatmentRequests@PremierPrizm.com, or mailed. These telephone, fax, web and email addresses are the designated points of contact.

Liberty Mutual Plan

7. Once the Treatment Request is received by Premier Prizm, a Nurse reviews the request for the following:
- The request is reviewed to see if the diagnosis and treatment are part of the “identified injury” and care paths or one of the items listed in Section I 9 (Items subject to Pre-Certification)
 - o If the request is for one of the “identified injuries” (Appendix D) as stated in NJAC 11:3-4.7, the Nurse reviews the request to see if the requested service is part of the medical protocols within the care path. If so, the request is approved. Notification of this decision is made by mail/fax to the requesting provider/claimant/designee/insurer within 3 business days from the time of the receipt of the request by Liberty Mutual or Premier Prizm. All requests received are date stamped with the date they are received by Premier Prizm.
 - o If the request is for an injured party with one of the “identified injuries” as stated in the NJAC 11:3-4.7, but the request for service is not part of the care path or the request is for one of the pre-certification items, the Nurse will review the request and all medical documentation submitted. The Nurse utilizes clinical expertise along with nationally recognized published criteria to render a decision of medical necessity. If the nurse renders a decision of medical necessity, the provider/claimant/attorney/insurer are notified within 3 business days of receipt of the request by mail or fax.
 - o If the service requested does not meet the criteria of being medically necessary, the Nurse forwards this request and all available medical information to the Physician Advisor for review. The Physician Advisor reviews the request and available medical documentation. If additional medical information is necessary, the Physician Advisor may telephone the requesting provider for a phone conference in an effort to attain a consensus treatment plan. Once the Physician Advisor has all of the above information, a decision is rendered. A decision is reached and the requesting provider is notified by fax or mail within 3 business days of the time the request is received or 3 days following receipt of all information by the insurer or Premier Prizm. If the Physician Advisor is unable to render an opinion based on the available documentation and/or a telephone conference with the requesting provider, the physician advisor

Liberty Mutual Plan

may request a physical or mental examination. If based on the Physician Advisor's opinion a physical or mental examination is needed to render a decision, an appointment for an IME (of the same discipline and within a location reasonably convenient to the patient) is scheduled within 7 calendar days of the date of the request. It is noted that medically necessary treatment can continue while the IME is being scheduled. Premier Prizm on behalf of Liberty Mutual or Liberty Mutual shall notify by mail the injured person or his designee and shall notify by fax the requesting provider whether reimbursement for further treatment or test is authorized as promptly as possible but no later than 3 business days after the examination. A copy of the examining physician's report is available upon request.

■ Decisions:

- Approved – A request for treatment/testing/Durable Medical Equipment is approved by either the Nurse or a Physician Advisor (if forwarded to a Physician Reviewer) or as a result of an Independent Medical Examination.
- Denied - A request for treatment/testing/Durable Medical Equipment is denied either by a Physician Advisor or an Independent Medical Examiner.
- Modified- A request for treatment/testing/Durable Medical Equipment is modified either by a Physician Advisor or an Independent Medical Examiner.
- Administrative Denial – If sufficient medical information was not supplied to render a decision, a decision of administrative denial can be rendered either by the Nurse or the Physician Advisor. Upon receipt of the required additional information, the request can be reviewed and a decision will be rendered within three business days.
- Retrospective DOS – If the request for treatment/testing/Durable Medical Equipment is for a Date of Service which has already occurred, a decision of Retrospective DOS will be rendered.

Liberty Mutual Plan

III. Plan Of Operation

1. Premier Prizm has been contracted by Liberty Mutual to implement Decision Point Review/Pre-Certification on their behalf.
2. Premier Prizm currently maintains multiple phone and fax lines. Additionally, Premier Prizm maintains a 1-800 Number for injured parties, providers, clients etc to contact us. All of Premier Prizm's staff whose job description necessitates the use of email, are assigned an email address.
3. Premier Prizm's normal business hours are Monday-Friday between the hours of 8:00AM and 5:00 PM, EST except for Federally Declared Holidays.
4. Premier Prizm has appointed Dr. Daniel Ragone, a Board Certified Physical Medicine and Rehabilitation physician as their Medical Director. Premier Prizm utilizes physician of 'like specialty' to render all decisions which were not deemed medically necessary at the RN Nurse Level of review. The following chart is the current staffing numbers based on specialty of the physician advisors:

Acupuncture	2
Chiropractor	4
Dentist	2
Internal Medicine	2
Neurology	2
Neurosurgeon	2
Orthopedic	3
Physiatry	3
Plastic Surgery	1
Psychology	2
Psychiatry	2
Surgery	1
Others	6

Liberty Mutual Plan

5. Premier Prizm maintains an experienced staff performing duties related to the current needs of NJ insurance regulations. This staff includes:

Audit Nurses, Code Review Personnel	12
Bill Repricers	9
Case Managers	6 inc per diem
Clerical Support	35
Pre Cert/Utilization Review Nurses	22
Quality Assurance	2
IT	6
Sales/Account Representative	3

These staff members have the following experience:

PreCert Nurses

- Experienced in the AICRA regulations applicable to NJ Auto (3-4 yrs)
- Experienced in Pre-certification/utilization review/quality assurance (10-15 yrs)
- Experienced in medical clinical knowledge
- Computer literate
- Customer Service Oriented

Pre-Cert Assistants

- Experienced in AICRA regulations applicable to NJ Auto (3-4 yrs)
- Experienced in medical terminology (4-5 yrs)
- Customer Service Oriented
- Computer Literate

Liberty Mutual Plan

Bill Repricers

- Experience in bill repricing according to NJ regulations (2-5 yrs)
- Data entry skills
- Customer Service skills

Case Managers

- Experienced in Field and Telephonic Case Management in NJ (5-20 yrs)
- Experienced in AICRA regulations

Auditors

- Experienced in NJ Regulations (8-25 yrs)
- Experienced in AICRA regulations

Key Management Personnel

Director of Clinical Services

- Experienced in the AICRA regulations applicable to NJ Auto (Since inception)
- Experienced in Pre-certification
- Experienced in Utilization review
- Experienced in Quality assurance

Account Management

- *Experienced in account management*
- *Experienced in NJ Auto Insurance*

President (Director of Operations)

- Experienced in the AICRA regulations applicable to NJ Auto (Since inception)
- Experienced in Implementation of DPR/Pre-certification program
- Experienced in Utilization review
- Experienced in Quality assurance