Hanover Insurance Company
440 Lincoln St.
Worcester, MA 01653

Date:

RE: (Patient Name) SSN:
(Patient Address) Claim Number:
Date of Accident:

Dear Dr. :

The patient noted above was involved in a motor vehicle accident (MVA). We have been informed that he/she will receive treatment with you. Pursuant to N.J.A.C. 11:3-4, you are required to provide us with notification for certain tests you may order, or services you may perform on the patient. As described more fully below, this notification is provided in connection with Decision Point Review and Pre-certification. Consolidated Services Group, Inc. (hereinafter referred to as CSG) has been contracted by Hanover Insurance Co. to be the Utilization Review Organization involved with the Decision Point Review and Pre-certification process.

Please note, Decision Point Review and Pre-certification requirements do not apply until after the 10th calendar day following the MVA and do not apply to Emergency Care. This provision should not be construed so as to require reimbursement of tests and treatment that are not medically necessary.

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, *Care Paths*, for soft tissue injuries of the neck and back, collectively referred to as the *Identified Injuries*. (For a list of Identified Injuries by ICD-9 codes, see Exhibit A.) N.J.A.C. 11:3-4 also establishes guidelines for the use of certain diagnostic tests. The *Care Paths* provide the treatment be evaluated at certain intervals called *Decision Points*. On the Care Paths, Decision Points are represented by hexagonal boxes. At decision points you must provide us information about further treatment you intend to provide (*Decision Point Review*). In addition, the administration of any test on the list in Exhibit B also requires *Decision Point Review* regardless of the diagnosis. The *Care Paths* and accompanying rules are available on the internet at the State of New Jersey Department of Banking and Insurance website at www.state.nj.us/dobi/pipinfo/aicrapg.htm or by contacting Consolidated Services Group, Inc., (CSG) at 877-258-CERT (2378). If you fail to request decision point review where required, or fail to submit clinically supported findings that support the request, payment of your bills may be subject to a penalty co-payment of 50% even if the services are determined to be medically necessary.

MANDATORY PRE-CERTIFICATION

If your patient does not have an Identified Injury, you are required to obtain pre-certification for all services itemized in Exhibit B (attached). If you fail to request pre-certification where required or fail to submit clinically supported findings that support the request, payment of your bills may be subject to a penalty co-payment of 50% even if the services are determined to be medically necessary. You are encouraged to maintain communication with CSG's Utilization Review Department on a regular basis as Decision Point Review and Pre-certification requirements may change.

VOLUNTARY PRE-CERTIFICATION

You are encouraged to participate in a *Voluntary Pre-certification* process by providing CSG's Utilization Review Department with a comprehensive treatment plan for both identified and other injuries. CSG will utilize nationally accepted criteria and the *Care Paths* to work with you to certify a mutually agreeable course of treatment to include itemized services and a defined treatment period. In consideration for your participation in the Voluntary Pre-certification process, the bills you submit, when consistent with pre-certified services, you will be paid so long as they are in accordance with the PIP medical fee schedule set forth in N.J.A.C. 11:3-29.6.

HOW TO SUBMIT DECISION POINT REVIEW AND PRECERTIFICATION NOTIFICATIONS

In order to complete a review, you are required to provide CSG with any past medical history that is available. It is also required that you provide the diagnosis, prognosis, all x-ray and other test results that may have been completed, and documentation of all treatment provided to date. Please indicate any tests or treatment you anticipate over the next 30 calendar days.

All Decision Point Review and Pre-certification requests must be submitted using the Attending Provider Treatment Plan form. A copy of this form can be found at the Department's website at www.state.nj.us/dobi/pipinfo/aicrapg.htm through CSGs website http://www.csg-inc.net/nj_auto_plans.htm or by contacting CSG at (877) 258-CERT (2378).

CSG Hours of Operation – 7:00 AM to 7:00 PM EST Monday through Friday (excluding legal holidays)

Please return this completed form, along with a copy of your most recent/appropriate progress notes and the results of any tests relative to the requested services to CSG via fax at (856) 910-2501 or mail to the following address: CSG, Inc., 300 American Metro Blvd., Suite 170, Hamilton, NJ 08619, ATTN.: Pre-Certification Department. CSG's phone number is (877) 258-CERT (2378).

The review of decision point review and pre-certification notifications will be completed within three (3) business days of receipt of the necessary information. Notice of certification will be made to your office by Telephone, fax and/or confirmed in writing. If we fail to notify you within three (3) business days, you may continue with the test or treatment until a final determination is communicated to you. In addition, if an independent physical or mental examination is required, treatment may proceed while the exam is being scheduled and the results become available. Any decision to deny a decision point review or pre-certification request based on medical necessity will be the determination of a physician or dentist.

The definition of days is as follows: "Days" means calendar days unless specifically designated as business days.

1. A calendar and business day both end at the time of the close of business hours (7:00 PM EST Monday through Friday (excluding legal holidays).

2. In computing any period of time designated as either calendar or business days, the day from which the designated period of time begins to run shall not be included. The last day of a period of time designated as calendar or business day is to be included unless it is a Saturday, Sunday, or legal holiday, in which event the period runs until the end of the next day which is neither a Saturday, Sunday or legal holiday.

3. Example: Response to a properly submitted provider request is due back no later than 3 business days from the date CSG receives the submission. CSG receives an Attending Provider Treatment Plan Form by facsimile transmission dated 1:00 PM EST on Wednesday February 6, 2013. Day one of the 3-buisness day period is Thursday, February 7, 2013. Since the 3rd day would be Saturday, February 9, 2013, CSG's decision is due no later than close of business Monday, February 11, 2013.

REVIEW OUTCOMES

- Requested service is certified.
- In the event there is insufficient information that does not support the requested service, a status pending letter or administrative denial will be issued and will continue until sufficient documentation is received to evaluate the request for the diagnostic test or service.
- If there is a need to amend the requested services (either frequency, duration, intensity or place of service or treatment), your office will be notified by telephone, fax and/or confirmed in writing.
- In the event the request cannot be certified, your office will be notified by telephone, fax and/or confirmed in writing. When needed, a medical professional will be available to discuss the case with you.
- Pursuant to N.J.A.C. 11:3-4 and the patient's/insured's policy: Failure to request decision point review or pre-certification where required or failure to submit clinically supported findings that support the request can result in a 50% penalty co-payment for treatment or tests that are determined to be medically necessary.
- In the event the notice and supporting materials are insufficient to authorize or deny reimbursement for further services, it may require that the patient/insured undergo an Independent Medical Examination.

INDEPENDENT MEDICAL EXAMINATION

If it is requested the patient/insured undergo an Independent Medical Examination (IME) during the decision point review/pre-certification process, you will be notified of the date, time, and location of the exam. The IME will be scheduled within seven (7) calendar days of our receipt of the Attending Provider Treatment Plan form (unless the patient/insured agrees to extend the time period); with a provider in the same discipline; and at a location reasonably convenient to the patient/insured. At our request, the patient/insured may be required to provide medical records, x-rays, and other pertinent information at or before the time of the IME. You will be notified of the results of the IME within 3 business days after attendance of the IME. If the examining provider prepares a written report, a copy of the report is available upon request.

IME PROVISIONS

If the patient/insured has two (2) or more unexcused failures to attend the scheduled exam, notification will be immediately sent to the patient/insured, and all health care providers treating for the diagnosis (and related diagnosis) contained in the attending physicians treatment plan form. The notification will place the patient/insured on notice that all future treatment, diagnostic testing or durable medical equipment required for the diagnosis (and related diagnosis) contained in the attending provider treatment plan form will not be reimbursable as a consequence for failure to comply with the plan.

Failure of the patient/insured to provide requested medical records, x-rays, or other pertinent information at or before the IME will be considered an unexcused failure to attend the IME.

ADDITIONAL PENALTY CO-PAYMENT

N.J.A.C. 11:3-4.4(e) provides for the production of information from the insured regarding the facts of the accident, the nature and cause of the injury, the diagnosis and anticipated course of treatment. This information may be required promptly after the accident and periodically thereafter. An additional co-payment penalty of 25% may apply if the information is received 30 or more business days after the accident or 50% when the information is received 60 or more business days after the accident.

RECONSIDERATION PROCESS

If CSG fails to certify a request, the clinical rationale for this determination is available to you and/or your health care provider upon written request. If your health care provider would like to have the decision reconsidered, they can participate in CSG's internal review process by notifying CSG of their intention to participate in the reconsideration process, by phone at (877) 258-CERT (2378), via fax at (856) 910-2501, or in writing at 300 American Metro Blvd., Suite 170, Hamilton, NJ 08619. If your health care provider has taken on an assignment of benefits, they may be required to participate in this process. In accordance with the plan, the reconsideration decision will be provided to your health care provider within fourteen (14) days of the request. This process will afford your health care provider the opportunity to discuss the appeal with a "similar discipline" Medical Director or request an independent examination scheduled by CSG.

VOLUNTARY NETWORK SERVICES

Please note that your patient's policy includes a voluntary Utilization Program for Prescription Drugs, Durable Medical Equipment over $50, Ambulatory Surgical Care, Diagnostic Imaging and Electro-diagnostic Testing. The network for diagnostic imaging applies to MRI's and CAT scans. The network for electro-diagnostic tests applies to the electro-diagnostic tests listed in N.J.A.C. 11:3-4.5(b) 1 through 3, except when performed by the treating physician. A 30% co-payment ($10 for prescription drugs) is applicable to these services. The services are paid in full when an eligible injured person voluntarily uses a provider from the network.

ASSIGMENT OF BENEFITS

These benefits shall not be assignable except to providers of services. Any such assignment is not enforceable unless you agree to be subject to the requirements of our Decision Point Review Plan, including Pre-certification, utilize CSG's internal Appeal Process for reconsideration of denials of certification, and submit disputes not resolved through the internal Appeal Process to alternate dispute resolution pursuant to N.J.A.C. 11:3-5. In addition, you must agree to hold an "insured" or "eligible person" harmless for any penalty imposed by us for your failure to adhere to the requirements of our Decision Point Review Plan, including Pre-certification.

The staff at CSG is available to you and your patient, to answer questions and assist with the Decision Point Review and Pre-certification process.

Thank you for your continued cooperation.

Sincerely,

Hanover Insurance Company