

## NOTIFICATION CONCERNING WORKERS' COMPENSATION PHARMACY BENEFITS

Please read this notice carefully. It provides you with important information on getting medication under a workers' compensation claim with the New York State Insurance Fund (NYSIF).

NYSIF has entered into an agreement with CVS Caremark, a Pharmacy Benefits Manager (PBM), which has a network of pharmacies to make available the medications workers may receive for their **work-related** injury or sickness. This does not change your right to get the medication necessary to treat such an illness or injury. It only means that you should obtain that medication from a participating pharmacy in the CareComp pharmacy network administered by CVS Caremark. This network is not limited to CVS pharmacies, but includes over 67,000 participating pharmacies. The pharmacies, and their addresses, can be obtained by:

- calling the CVS Caremark Call Center at **(866) 493-1640**, or TDD number for hearing impaired: **(866) 200-2161**
- using the website [www.wcrxpharmacylocator.com](http://www.wcrxpharmacylocator.com)
- using the NYSIF website [nysif.com](http://nysif.com)

If you are obtaining your medication through a workers' compensation claim, you should obtain that medication from one of these pharmacies unless:

- You have a medical emergency and it is not reasonably possible to purchase the medications you need for that emergency from a network pharmacy, or
- Ordering by mail or telephone is not an option in the network, no pharmacy in the network will deliver to you, and none of these pharmacies is within 15 miles if you live in a rural location, or five miles if you do not live in a rural location. If you believe this is the case for you, please call one of the numbers on the bottom of this page.

Please note that CVS Caremark has mail-order, internet and telephone services. Instructions can be obtained by calling CVS Caremark Call Center at (866) 493-1640.

All pharmacies in the network are required to keep a sufficient stock of medication on hand so that they can service you without undue delay.

All in-store pharmacies must be open for business during hours that are typical in your community.

Pharmacies in the CareComp pharmacy network will bill NYSIF directly. **You will not have to pay out-of-pocket costs for medication.**

You may obtain additional information about the CareComp pharmacy network by calling the toll free 24 hour telephone number: (866) 493-1640.

If you have any questions or problems, please call NYSIF at (888) 875-5790. You may also contact the New York State Workers' Compensation Board at [general\\_information@wcb.ny.gov](mailto:general_information@wcb.ny.gov) or by phone at (877) 632-4996, or the Advocate for Injured Workers at 800-580-6665. You may also find further information on the web at [www.wcb.ny.gov](http://www.wcb.ny.gov).

**POLICYHOLDER - PLEASE POST CONSPICUOUSLY**



Workers' Compensation Temporary Prescription Services ID

Important Information

ATTENTION: INJURED WORKER

This Workers' Compensation Temporary Prescription Services ID form MUST BE PRESENTED to your pharmacist when you fill your initial prescription(s). If you have questions or need to locate a participating pharmacy, please contact CVS Caremark Customer Service at 1-866-493-1640.

ATENCIÓN: TRABAJADOR LESIONADO

Este formulario de Identificación para Servicios Temporales de Prescripción de Recetas por Compensación del Trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es). Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de CVS Caremark, en el teléfono 1.866.493.1640.

Pharmacist/Employer – When form is completed, fax to CVS Caremark: 1-866-493-1644

Claimant information will be added by CVS Caremark to allow medications to process. This information can also be phoned in at 1-866-493-1640

<b>New York State Insurance Fund</b>	<b>Group#: NYSIF</b>
<b>Attention:</b> All items below must be completed	
EMPLOYER'S NAME: <u>ACCESS STAFFING LLC</u>	INJURED WORKER'S NAME: _____ FIRST                      MI                      LAST
EMPLOYER'S WORKERS' COMPENSATION POLICY NUMBER: <u>1320 119-9</u>	INJURED WORKER'S MAILING ADDRESS: _____ STREET
DATE OF INJURY: <u>      /      /      </u> MM / DD / CCYY	_____ CITY                                      STATE                                      ZIP
INJURED WORKER'S DATE OF BIRTH: <u>      /      /      </u>	
ID# : _____ Injured Worker's Social Security Number	<i>Help Desk: This is a POS Program through CVS Caremark only. For Assistance call the CVS Caremark Help Desk at: 866.493.1640</i>

Attention Pharmacist:

New York State Insurance Fund's prescription program is administered by CVS Caremark. The following are the steps necessary to submit a prescription for New York State Insurance Fund claimants.

Please follow the action steps listed below to enter the claim.

Step 1	Enter Bin Number 610235
Step 2	Enter PCN: WRK
Step 3	ID: Injured Worker' Social Security Number

NEED ASSISTANCE?

Pharmacist, if you have any questions while processing the claim, please call the CVS Caremark Help Desk at 1-866-493-1640.

Your company's workers' compensation insurance carrier is The New York State Insurance Fund (NYSIF) which has a contract with CVS Caremark, a pharmacy benefits manager (PBM) that offers convenient prescription filling services.

NYSIF has implemented an instant enrollment or "short-fill" service with CVS Caremark. The new service allows injured workers immediate acceptance by any pharmacy in the CareComp pharmacy network administered by CVS Caremark. Although New York law does not require us to provide this benefit, we have elected to provide a limited number of cost-effective medication benefits for new claims filed for **work-related injuries or illnesses** in order to help injured workers get through the first, difficult days after an injury and before the claim is accepted.

When an employee sustains a work-related injury, the form on the other side of this page (Workers' Compensation Temporary Prescription Services ID) may be used to fill prescriptions at any participating pharmacy in the CareComp Network. It makes **getting prescriptions for your work-related injury** very easy.

**Step 1: Employer fills in:**

- Employer's Name
- Policy Number

**Step 2: Injured employee fills in his/her:**

- Social Security Number
- Date of Injury
- Date of Birth
- Name
- Mailing Address

**Step 3: Injured employee brings to pharmacy:**

- Completed temporary ID form
- Prescription(s) for work-related injury

**Step 4:** Within 10 days of the New York State Insurance Fund's confirmation of the accident, the injured employee will receive a packet from CVS Caremark. The packet will contain a permanent ID card that should be used when filling prescriptions for the work-related injury.

**Note:** Injured workers can quickly find local participating pharmacies by visiting: [www.wcrxpharmacylocator.com](http://www.wcrxpharmacylocator.com) or by calling the CVS Caremark 24-hour patient care hotline at 1-866-493-1640.

If you have any questions about this form, please contact NYSIF, your workers' compensation carrier, at 1-888-875-5790.



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ACCESS STAFFING LLC  
25 MELVILLE PARK ROAD #115  
MELVILLE NY 11747

Date: 11/04/2015  
Policy No.: 1320 119-9

Dear Policyholder:

Workers' compensation reform legislation signed into law on March 13, 2007, authorizes carriers, self-insureds and NYSIF to contract with a Pharmacy Benefits Manager (PBM) for the supply of prescription medicine.

Effective April 1, 2014, NYSIF is using CVS Caremark as its PBM. If prescribed medication is for a work-related injury or illness, your employee's prescription(s) should be filled at a pharmacy within the CareComp pharmacy network administered by CVS Caremark. This network is not limited to CVS pharmacies but includes over 67,000 participating pharmacies.

By law, **within seven days of receipt of this notice**, unless already done, employers must post or distribute copies of the enclosed **Notification Concerning Workers' Compensation Pharmacy Benefits** by either:

1. Posting the notification on its employee accessible intranet or internet website, or
2. Posting the notification in the same location where the notice of workers' compensation coverage is posted, or
3. Distributing a copy of the notification to all employees in New York State by providing the notice in paper format or sending it electronically.

In addition, NYSIF has implemented an instant enrollment or "short-fill" service with CVS Caremark. The new service allows injured workers immediate acceptance by any pharmacy in the CareComp pharmacy network. Although New York law does not require us to provide this benefit, we have elected to provide a limited number of cost-effective medication benefits for new claims filed for work-related injuries or illnesses in order to help injured workers get through those first difficult days after an injury and before the claim is accepted.

Employees injured at work under your policy should bring the completed form, "Workers' Compensation Temporary Prescription Services ID" (enclosed) to any pharmacy participating in the CareComp pharmacy network, along with their prescription(s).

The temporary ID form is completed by the employer first, then the employee.

- Employer fills in Employer's Name & Policy Number
- Employee adds: Social Security Number, Date of Injury, Date of Birth, Name, Mailing Address.

Injured workers can quickly find local participating pharmacies by calling CVS Caremark 24-hour patient care hotline at (866) 493-1640, or visiting [www.wcrxpharmacylocator.com](http://www.wcrxpharmacylocator.com)

Within 10 days from when NYSIF has confirmed the accident, the injured employee will receive a permanent ID card and packet from CVS Caremark. If you have any questions, please call NYSIF at (888) 875-5790.

The notification forms are available in multiple languages by visiting [www.nysif.com](http://www.nysif.com), choosing "Products & Services", then choosing "Forms" in the Policyholders column, "Workers' Compensation Claim Forms – Employer", and "PBM Post". If you have a NYSIF account login, you can obtain forms in English which are prefilled with your policy name and number, by logging into your account at [www.nysif.com](http://www.nysif.com).

If necessary, you can email [PBMNotice@nysif.com](mailto:PBMNotice@nysif.com) for additional copies.