



**CorVel's New York Workers' Compensation**

**Preferred Provider Organization**

*EMPLOYEE HANDBOOK*



## CorVel Mission Statement

*"CorVel provides managed care, patient advocacy and healthcare financing for patients seeking choice and access. Our Quality and innovative service commitment extends from every CorVel associate to each customer and patient."*

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**APPOINTMENT INFORMATION**

Please use this area to log your appointments and care information:

Appointment Date and Time: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Documents I Need to Bring Along: \_\_\_\_\_

Referral Appointment Date and Time: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Documents I Need to Bring Along: \_\_\_\_\_

Follow-Up Appointment Date and Time: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Documents I Need to Bring Along: \_\_\_\_\_

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For more information call 1-800-CORVEL-1 **1-800-267-8351**  
**Or visit us on-line at: [www.corvel.com](http://www.corvel.com)**

**INTRODUCTION**

Your employer has chosen the CorVel Preferred Provider Organization. You have a choice of providers within the network to assist you with your Workers' Compensation injury/illness medical needs. Each physician in the network meets CorVel's strict licensing and practice standards.

The Network has been reviewed and approved by the New York State Department of Health.

The primary goals of the CorVel PPO program are:

- To provide you, the injured employee, with comprehensive, coordinated, and quality medical services in a timely and appropriate manner.
- To add value to the healthcare equation by bringing together the employer, insurer and provider to assist you, the patient with your work-related injury or illness.

**IF YOU ARE INJURED ON THE JOB...**

If you are injured on the job and require medical care, you MUST be treated by a CorVel Network Doctor.

Your Employer has a directory of all CorVel Network Doctors and Hospitals.

However, if you do not have access to a directory, simply call 1-800-CORVEL-1 (1-800-267-8351) and you will be given a choice of Doctors in your area.

**The Nearest CorVel Workers' Compensation Network Hospital are:**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**The Nearest CorVel Workers' Compensation Network Doctors and Providers are:**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

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## I. HOW TO ACCESS SERVICES

When you incur an injury or illness out of and in the course of your employment, you **MUST** report this to your employer immediately.

You should then seek treatment with a CorVel network provider of your choice. Your employer will assist you by identifying the nearest facilities and providers. You can also call CorVel's PPO Customer Service Center by calling

1-800-CORVEL-1 (1-800-267-8351).

A Service Representative will help you choose a physician from the CorVel Network. You may also choose to be referred to a New York State Occupational Health Clinic. The CorVel staff will assist you with this referral as explained under section VII of this Handbook.

In the event of a life-threatening situation, you may seek emergency care at the nearest hospital emergency room or urgent care facility. Following your emergency care, contact your employer.



## II. RIGHTS AND RESPONSIBILITIES

### A. Of CorVel

- ✓ Arrange for the delivery of all necessary medical services under the Workers' Compensation Law, to diagnose, treat and rehabilitate an injured worker requiring medical treatment for an injury or illness arising out of and in the course of employment.
- ✓ Arrange to have available medical care for treatment of injured workers that meet generally accepted professional standards and will be provided by healthcare professionals who are currently licensed, registered or certified as appropriate and are under contract with CorVel Corporation.
- ✓ Offer a network of providers by county that are accessible within a reasonable travel distance of your work site or home.
- ✓ Offer you a provider outside of the CorVel network if our in-network providers cannot see you within 48 hours of your injury.
- ✓ Refer you to a New York State Occupational Health Clinic if you so desire.
- ✓ Monitor the quality of care you have received against established standards of care. You may receive a questionnaire to evaluate the care you have received. The results of the Patient Satisfaction Questionnaire are reviewed and complaints are reviewed by the CorVel Quality Committee. The Quality Committee may take action as a result of these Questionnaires which may include removing a provider from the Network.
- ✓ Submit data, as required, to the Department of Health and Workers' Compensation Board.

### B. Of the Employer

- ✓ Report the work-related injury in a timely fashion.
- ✓ Pay for all compensable medical treatment.
- ✓ Have complete directories for the injured worker to assist in directing treatment to network providers- On- line provider look-up.

### C. Of the Employee

- ✓ Notify your employer of any injury or illness arising out of the scope and in the course of your employment.
- ✓ Seek treatment from an approved CorVel Network Provider.
- ✓ Having all surgeries, diagnostic tests and inpatient hospital stays pre-certified.

## EMPLOYEE ACKNOWLEDGEMENT FORM

By signing this document, I acknowledge that: (Please check one)

- I have participated in an employee orientation session, regarding my Rights and Responsibilities, as indicated in this Employee Handbook;
- I have received a copy of the CorVel PPO Employee handbook.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employer/Company: \_\_\_\_\_

**Please sign and cut along the dotted line and return this page to your Employer.**

Please Use This Page to Store Information about Your Employer, Insurance Carrier, Case Manager, Claims Adjuster or Manager, etc.:

My Employer: \_\_\_\_\_

Supervisor or Manager: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Claims Adjuster/Manager: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Benefits Manager: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### Your Employee Rights

- *You have the right to receive this handbook to keep.*
- *You have the right to access the CorVel PPO Provider Directory.*
- *You have the right to choose a different provider within this network by seeing your employer or calling 1-800-CORVEL-1. **1-800-267-8351***
- *You have the right to opt out of the CorVel PPO network after 30 days from the first day of treatment. (see Section III)*
- *You have the right to be referred to a New York State Occupational Health Clinic. (see Section VI)*
- *You have the right to a second opinion examination by another provider within the network.*
- *You have the right to file a grievance. (see Section IV)*

### III. OPTING OUT OF THE NETWORK

The CorVel New York Workers' Compensation PPO allows you to exercise the following options outside of our network.

- ✓ **After 30 days from your first day of treatment for a Workers' Compensation injury or illness, you can seek medical care outside of the CorVel PPO network.** You may seek treatment from any Workers' Compensation Board Authorized physician or facility. You must notify your employer prior to making a decision to opt out of the CorVel network.
- ✓ Your employer has the right to require you to submit to a second medical opinion from another in network provider after notifying them of your decision to opt out of the network.

If you need immediate emergency care for a life-threatening trauma or chest pain go to the nearest hospital emergency room. Notify your employer of the emergency room visit as soon as practical.

### VII. GENERAL PATIENT INFORMATION

#### **What happens if I am injured on the job?**

You must notify your company of all work-related injuries or illness as soon as possible. Your employer has a list of all CorVel Workers' Compensation PPO physicians and hospitals. If you are unable to access a CorVel PPO directory, go on-line to [www.corvel.com](http://www.corvel.com) or call 1-800-CORVEL-1 (**1-800-267-8351**) and you will be provided with names of some PPO network providers.

Your recovery is important to your employer. That is why they have chosen a network of physicians, hospitals and facilities that have excellent credentials and have expertise in treating work related injuries.

You may have a nurse case manager assigned to your case. They will assist you with your care and treatment plan. You will not be asked to fill out any forms or pay any out-of-pocket expense for medical treatment.

CorVel PPO doctors and staff will treat you with courtesy and consideration.

If you are not happy with the treatment you received you may file a grievance with CorVel PPO. We will provide you with a timely and complete response. (see sect. 4).

If you have any questions call 1-800-CORVEL-1. **1-800-267-8351**



**Central Region**

**Central New York Occupational Health Clinical Center**  
6712 Brooklawn Parkway, Suite 204  
Syracuse, NY 13211-2195  
(315) 432-8899 / (800)-432-9590 [www.ohccupstate.org](http://www.ohccupstate.org)

**New York City/Mt. Sinai**

**Mount Sinai Irving J. Selikoff Occupational Health Clinical Center**  
1 Gustave L. Levy Place  
New York, NY 10029  
(888) 702-0630 [www.mountsinai.org](http://www.mountsinai.org)

***\*\*Additional Locations:***

1468 Madison Avenue  
Annenberg Building, 3<sup>rd</sup> Floor  
New York, NY 10029

690 Castleton Avenue, 2<sup>nd</sup> Floor  
Staten Island, NY 10310

745 Route 17M, Suite 103  
Monroe, NY 10950

1020 Warburton Avenue, Suite 1  
Yonkers, NY 10701

**Rochester****Finger Lakes Occupational Health Services**

2180 S. Clinton Avenue  
Rochester, NY 14618  
(585) 244-4771 / (800) 925-8615 [www.urmc.rochester.edu](http://www.urmc.rochester.edu)

**Southern Tier****Occupational Health Clinical Center of the Southern Tier**

840 (Upper) Front St.  
Binghamton, NY 13905  
(607) 584-9900 / (800)-432-9590 [www.ohccupstate.org](http://www.ohccupstate.org)

**IV. GRIEVANCE PROCEDURES**

You are entitled to file a grievance about a provider and may obtain a grievance form from your employer or call 1-800-CORVEL-1. **1-800-267-8351**

Upon completion of the grievance form it should be sent to the CorVel PPO Administrator at CorVel Corporation, 251 Salina Meadows Parkway, Suite 150, North Syracuse, New York 13212.

To initiate the grievance process if a dispute arises call 1-800-CORVEL-1. **1-800-267-8351**

- If the grievance is not resolved on the phone, you must put your grievance in writing outlining the specific issues.
- A written acknowledgment of the grievance will be issued within 15 days of receipt. In the event additional information is needed, the PPO will request additional information within 10 business days.

**Resolution:**

- All grievances will be resolved within 30-45 business days after obtaining all required information.
- Any grievance relating to a clinical matter will be handled by a licensed professional.
- The notice of determination regarding the grievance will be in writing stating the reasons and/or clinical basis for the determination. The procedure for filing an appeal will also be mentioned in this letter.

**Appeals:**

- You have 60 days from the date you receive notice of a determination to file an appeal.
- All appeals must be in writing.
- The PPO will issue an acknowledgment to you within 15 days of receipt.

Qualified licensed professionals for clinical matters and senior level personnel in non-clinical matters, will handle the appeal.

- All appeals will be resolved within 30 business days after obtaining all required information.
- The notice of determination of an appeal will be in writing, with a detailed explanation, and clinical rationale for the determination.

If you are still not satisfied after the PPO appeal process is concluded, you can file a grievance notice with the New York State Workers' Compensation Board.

**V. PROCEDURE TO FILE A COMPLAINT WITH THE WORKERS' COMPENSATION BOARD AND/OR THE DEPARTMENT OF HEALTH**

If you are not satisfied with the response to your grievance or wish to file a complaint, you have the right to take your complaint directly to the;

New York State Workers' Compensation Board  
100 Broadway  
Albany, NY 12241

OR

New York State Department of Health  
Corning Tower  
Empire State Plaza  
Albany, NY 12237

**VI. NEW YORK STATE OCCUPATIONAL HEALTH CLINICS NETWORK**

You have the right to request a referral to the New York State Occupational Health Clinics Network for diagnosis and management of occupational disease or clinical occupational disease or other services provided by the clinics. Your case management nurse can give you a referral to this clinic network and you may request the referral at any time.

**NEW YORK STATE NETWORK OF OCCUPATIONAL HEALTH CLINICS**

**Adirondack Region**

**Occupational Health Clinical Center of the North Country**  
39 West Main St.  
Canton, NY 13617  
(315) 714-2049 / (800) 432-9590    [www.ohccupstate.org](http://www.ohccupstate.org)

**Albany/Poughkeepsie**

**Occupational & Environmental Health Center of Eastern New York**  
1873 Western Avenue, Suite 100  
Albany, NY 12203  
(518) 690-4420 / (800) 419-1230    [www.occmedgroup.com](http://www.occmedgroup.com)

**Buffalo**

**The Center for Occupational & Environmental Medicine at ECMC**  
462 Grider St.  
Buffalo, NY 14215  
(716) 898-5858    [www.coemwny.com](http://www.coemwny.com)

**Cooperstown – Agricultural Specialty**

**New York Center for Agricultural Medicine and Health**  
1 Atwell Road  
Cooperstown, NY 13326  
(607) 547-6023 / (800) 343-7527    [www.nycamh.com](http://www.nycamh.com)

**Long Island**

**Occupational & Environmental Medicine (Northwell Health)**  
2035 Lakeville Road, 3<sup>rd</sup> Floor  
New Hyde Park, NY 11040  
(516) 492-3297 / (888) 321-3627    [www.northwell.edu/oemli](http://www.northwell.edu/oemli)

487 Lake Avenue St.  
James, NY 11780  
(631) 686-6390 / (888) 321-3627    [www.northwell.edu/oemli](http://www.northwell.edu/oemli)

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