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EDEN II

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EDEN II SCHOOL FOR  
AUTISTIC CHILDREN INC  
150 GRANITE AVENUE  
STATEN ISLAND NY 10303

Date: 10/01/2014  
Policy No.: 803 482-9

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.

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.

**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: <b>EDEN II SCHOOL FOR</b>		INJURED WORKER'S NAME:	
		FIRST MI LAST	
EMPLOYER'S WORKERS' COMPENSATION POLICY NUMBER: <b>803 482-9</b>		INJURED WORKER'S MAILING ADDRESS:	
DATE OF INJURY: / / MM / DD / CCYY		STREET	
INJURED WORKER'S DATE OF BIRTH: / /		CITY STATE ZIP	
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**.