



Genex Certified Managed Care Program

New York

Certified Preferred Provider Organizations (PPOs) bring a cooperative team approach to the delivery of health care in the workers' compensation environment. The Genex Certified PPO program allows you to leverage the benefits of a certified PPO program while utilizing our proven expertise in disability management. The Genex PPO Program was designed to meet all of the criteria of Administrative Rules. Let us work with you to enhance your current program — and realize the many benefits to employees, employers, and payers:

Employee Benefits

- › Immediate, toll-free access
- › Choice of occupationally focused physicians
- › Case managers who provide understanding of treatment and recovery options
- › Internal dispute resolution
- › Goal of return to work

Employer Benefits

- › Immediate notification of injury or case/claim
- › Occupationally focused network
- › Highly skilled case managers who continually monitor cases and provide ongoing communication
- › Internal dispute resolution with a goal of increased employee satisfaction
- › Structured return-to-work programs

Payer Benefits

- › Timely reporting
- › Early case intervention when needed
- › Internally developed guidelines to assure that the right resources are deployed at the right time
- › Proactive communication between the Genex team of clinical experts and payer's staff

Fast Facts

- New York is an employee choice state
- New York has three Certified Managed Care Programs: Directed Care, Recommended Care, and Alternative Dispute Resolution Program (ADR)-limited eligibility; Genex does not participate in the ADR
- The New York Department of Health runs the Preferred Provider Program in conjunction with the New York Workers' Compensation Advisory Board
- Genex participates in the PPO programs in conjunction with network partners, and Genex is the Management Service Organization in the certified PPO filings
- Mandatory 30-day in-network treatment
- Carriers who have been signed up for the program can elect to apply for a premium discount, although it is not mandatory to participate
- Panel cards are not allowed

Legislation

Workers' Compensation Statutes Preferred Provider Organizations §§350-355, effective January 1, 1997

Workers' Compensation Preferred Provider Organizations Department of Health Regulations-Part 732, effective July 16, 1997

Directed Care Program Required Components

- › Network-approved workers' compensation providers and facilities that can meet provider and hospital criteria
- › Quality assurance and improvement program
- › Ensure that emergency and urgent care are accessible at all times through any facility
- › Provide initial treatment for non emergency care within 48 hours of a claimant's request
- › System allowing claimant access to information 24 hours a day
- › Utilization review
- › Dispute resolution and grievance process
- › Employee second opinions within the network at any time
- › Opt-out process after 30 days of treatment
- › Return-to-work program
- › Employee handbook
- › A contract with all clients

Responsibilities

- › Payor executes and returns the customer services agreement (CSA)
- › Employer distributes education materials
- › File the union affirmation, if applicable, with the Workers' Compensation Board
- › Forward the appropriate endorsement, if applicable, to the Department of Insurance
- › Assist the injured employee with the choice of physician using the provider network directory, keeping in mind the employee may treat with a physician of his/her choice, whether in-network or out-of-network
- › Fill out enclosed provider notification form identifying injured employee as a participant in the Genex Managed Care Plan and have them give it to the receptionist at the clinic



Plan Administrator
Isey Harris, RN, BSN
314.913.5590