



**HANDBOOK FOR
NYCT, MTA Bus, MaBSTOA, SIRTOA, HQ
and MTAPD EMPLOYEES**

**Use of MagnaCare and Sedgwick PPO Networks healthcare providers
for
treatment for Workers' Compensation
covered injuries and illnesses**

**In NY: MagnaCare NYS Certified Workers'
 Compensation Preferred Provider Network**

**In NJ /CT / PA: Sedgwick Workers' Compensation Preferred
 Provider Network**

Table of Contents

0	Introduction	p. 2
1	Health Care Provider Networks	p. 4
2	Required Use and Opting Out	p. 4
3	Finding a Provider	p. 4
4	Occupational Health Clinics	p. 8
5	Obtaining Second Opinions	p. 8
6	Prior Authorization Requests	p. 9
7	Filing Complaints	p. 9
8	Patient Satisfaction	p. 12
9	Rights and Responsibilities	p. 13

Introduction

Employees of the agencies covered by this handbook who seek medical treatment for a work-related injury or illness that occurs on or after May 19, 2025 must seek initial treatment with a medical provider in:

- The MagnaCare New York Workers' Compensation Certified PPO network for medical treatment in New York; or
- The Sedgwick Workers' Compensation PPO for medical treatment in New Jersey, Connecticut or Pennsylvania.

These two networks are referred to in this handbook as the MagnaCare/Sedgwick Provider Networks.¹

The details of an emergency exception to this requirement as well as instructions for finding and connecting to providers are explained in this handbook.

Also, the MTA has arranged for a Workers' Compensation 24/7 Clinical Consultation program to help ensure that you get quality medical care if you suffer an injury on the job. Through this program, injured members will receive assistance to find and connect to appropriate and available medical providers from these networks. The purpose of this program is to improve how the MTA supports injured members by providing assistance that is:

- **Available 24/7.** The MTA's transportation systems operate 24 hours a day, 7 days a week. So will the 24/7 WC Clinical Consultation program, so that injured employees can access quality care fast.
- **Convenient.** The MagnaCare/Sedgwick Provider Networks include thousands of medical providers and many hospitals serving the locations where our employees work and live.
- **High-quality.** High-Quality. Healthcare providers are subject to a credentialing process and monitoring by the MagnaCare/Sedgwick Provider Networks which maintains the quality of their networks.
- **Easy.** Nurses and other staff that support the MagnaCare/Sedgwick Provider Networks will help you navigate the healthcare system – for instance, finding and getting appointments with specialists and coordinating care across multiple medical providers.

¹ Sedgwick will also be handling Workers' Compensation claims administration for the agencies covered by this handbook starting on May 19, 2025.

Here is an overview of how the new MagnaCare/Sedgwick Provider network requirement and the 24/7 WC Clinical Consultation program will work:

Who is this program for?	All employees of the agencies covered by this handbook.
What's the best way to find a provider?	If you are injured on duty, call the 24/7 WC Clinical Consultation program at 888-602-1116 to immediately speak to a nurse about your injury.
When does this program start?	The requirement will apply for all injuries that occur on or after May 19, 2025. The Clinical Consultant program also starts then.
What if I want to use an out-of-network provider?	<p>Use of the MagnaCare/Sedgwick Provider Networks for initial, non-emergency treatment following a work-related injury is mandatory for the 30 days following that in-network treatment. After that, employees may opt out of the MagnaCare/Sedgwick Provider Networks. For opt-out instructions, see section 2 below.</p> <p>If you obtain treatment with a provider outside of the MagnaCare/Sedgwick Provider Networks prior to your right to opt-out, Workers' Compensation may not cover the costs of the medical treatment, and you may be liable for those costs.</p>
Can I continue using my current provider?	If you are currently seeking treatment for an injury on duty with a provider who is not in the MagnaCare/Sedgwick Provider Networks and are satisfied with your care, you may continue to see that treating provider. Otherwise, you may switch to a provider in the MagnaCare/Sedgwick Provider Networks by following the instructions in this handbook about finding a provider.

1. Healthcare Providers in the MagnaCare/Sedgwick Provider Networks

The providers in the MagnaCare/Sedgwick Provider Networks provide employees with coordinated access to high-quality primary and specialty medical care in order to fully meet the care needs of injured workers, optimize their recovery, and deliver better health outcomes. You can be confident that you will be receiving high quality medical care, and that there will be coordination of care among the various healthcare professionals that you may use for your treatment needs.

2. Required Use of the MagnaCare/Sedgwick Provider Networks for Injury-on-Duty Claims

On or after May 19, 2025, if you are injured or become ill on the job, you are required to seek initial medical treatment from medical providers in the MagnaCare/Sedgwick Provider Networks *except* in the event of an emergency. This requirement is for your initial, non-emergency treatment and for all subsequent treatment during the thirty day period following the initial treatment from a MagnaCare/Sedgwick Network provider.

For emergency treatment, you are not required to use a provider from the MagnaCare/Sedgwick Provider Networks. In an emergency, dial 911 or go to the nearest hospital for emergency care. Emergency treatment from a provider outside of the MagnaCare/Sedgwick Provider Networks does not begin the thirty day period, which only begins with your initial treatment from a provider in those networks.

After the thirty day period that begins on the date of your initial in-network treatment, you may choose to opt out of the MagnaCare/Sedgwick Provider Networks by notifying the MTA in writing. To do so, send an email to the Sedgwick claims examiner handling your Workers' Compensation claim.

During that thirty day period, you may elect to change from one provider in the MagnaCare/Sedgwick Provider Networks to another.

3. Finding Providers in the MagnaCare/Sedgwick Provider Networks

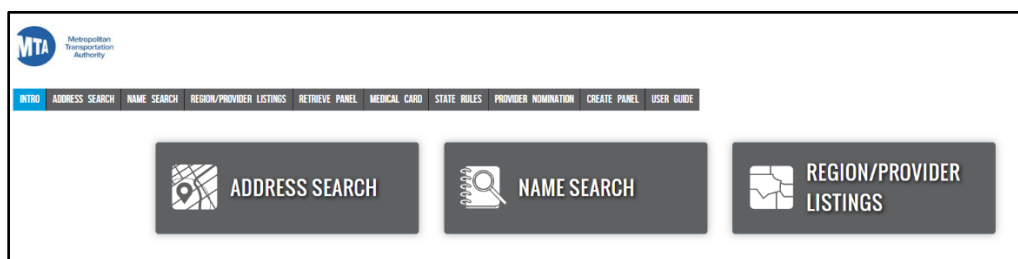
To find a provider in the MagnaCare/Sedgwick Provider Networks, you have the following options:

- MTA has arranged for MagnaCare to call every claimant within one (1) business day after their claim is reported to schedule a medical provider appointment. If MagnaCare is unable to reach you, they will leave a message; please be sure to return the call to get the assistance you need. MagnaCare is available Monday through Friday, 8 am to 5 pm EST.
- You can also call MagnaCare to speak to a Care Coordinator, who can directly book a medical appointment for you. Call 888-602-1116 and select Option 2. This service is available Monday through Friday, 8 am to 5 pm EST. If you are unable to reach

MagnaCare, you may leave a message and a MagnaCare representative will call you during the next business day. You can also call this number to book medical appointments in the Sedgwick network.

- If neither of the previous options are available, you can search for MagnaCare/Sedgwick Network Providers online at <http://www.sedgwickproviders.com/MTA>. You can search by address, by a provider's name, or generate a full list of providers within a region.

See online navigation instructions on the next page.



When selecting the “Address Search” or “Region/Provider Listings” options, you can filter provider lists by **provider type(s)** and by **specialty/service**.



Select Provider Type/Specialty (If you don't select a type or specialty, you will get all providers.)

Search Key:

Provider Types:	Specialty/Service:
Hospitals	Occupational Medicine
Initial Care	Walk-In Clinic
General Medicine	General Practice
Physical Medicine & Therapy	Family Practice
Orthopedics	Acupuncture
Radiology	Adolescent Medicine
Surgery	Adolescent Psychiatry

Hold the CTRL key down to select multiple elements with the mouse.

To select multiple “Provider types,” **hold CTRL** when **clicking all desired options**. Based on the Provider types you select, the “Specialty/service” types offered will change – hold CTRL to click and select multiple options as well.

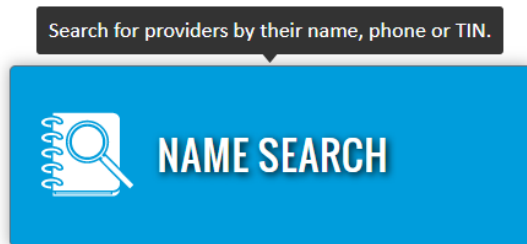
Select Provider Type/Specialty (If you don't select a type or specialty, you will get all providers.)

Search Key:

Provider Types:	Specialty/Service:
Hospitals	Occupational Medicine
Initial Care	Walk-In Clinic
General Medicine	Diagnostics
Physical Medicine & Therapy	Internal Medicine
Orthopedics	Occupational Medicine Clinic
Radiology	Radiology: Cardio
Surgery	Radiology: CT

Hold the CTRL key down to select multiple elements with the mouse.

You can also select “**Name Search**” if you want to check if a specific provider is in network. You must select a specific state (NY, NJ, CT, or PA). Afterwards, you can use the provider’s name, phone number, or TIN to search. Providing additional details, such as City or Group Affiliation, may help narrow down results.



Enter Provider Name or Provider Info to search for
Searching for common words may be slow - ([Wildcard Help](#))

State

City

Provider Name

Group Affiliation

TIN

Phone

Networks:

Sort Results By:

☒ Name ☐ Address ☐ Specialty

Providers per Page:

☒ 10 ☐ 25 ☐ 50 ☐ 100 ☐ 250

4. New York State Occupational Health Clinics Network

If you are being treated for an occupational disease, you have the right at any time to request a referral to a New York State Occupational Health Clinic. The occupational health clinic may refer you back to the MagnaCare/Sedgwick Provider Networks for treatment if an appropriate provider participates in the network.

Steps to follow:

Notify your Sedgwick examiner that you have decided to treat with the clinic.

Go to <https://www.health.ny.gov/environmental/workplace/clinic.htm> to find the location and phone number of the clinic closest to you.

5. Obtaining Second Opinions

Second opinions obtained from an appropriate provider may be compensable. If you are interested in seeking a second opinion, contact your Sedgwick claims examiner.

6. Prior Authorization Requests (PARs)

New York workers' compensation law requires prior authorization from the MTA for certain treatments, tests, and the use of certain durable medical equipment (DME). Sedgwick, in its capacity as the MTA's claims administrator, will be handling such determinations for the MTA. Prior authorization requests are submitted by your medical provider to Sedgwick for review. Types of treatments, tests, and DME that require prior authorization are:

- Medical Treatment Guidelines (MTGs) Variances: A request for approval from a treating provider for treatments and/or tests that vary from those specifically permitted by the MTGs.
- MTG Confirmations: A request for confirmation from a treating provider that the proposed treatments and/or tests are permitted by the MTGs.
- Non-MTG Approvals: A request for approval from a treating provider for treatments and/or tests to which no MTG applies.
- MTG Special Services: A request for approval from a treating provider for special services that require approval according to the MTGs.
- Durable Medical Equipment: A request from a treating provider for the use of DME that is not included in the New York Workers' Compensation DME Fee Schedule or for an item on the fee schedule that requires prior authorization.
- Request for Non-Formulary Medication(s).

7. What to Do if You Have a Complaint

The dispute process provides a meaningful and confidential procedure to hear and resolve injured employee complaints, questions, and disputes, which may involve treatment and return to work decisions. You may call MagnaCare to file a dispute if you are not satisfied with treatment and/or return to work decisions made by your provider. For grievances involving the Sedgwick PPO network, contact MagnaCare for instructions.

This dispute process governs grievances that arise between the following parties:

- Injured employee and employer
- MagnaCare or Sedgwick and injured employee
- Participating provider and injured employee

Administrative disputes include but are not limited to:

- Efficiency or courtesy of services of medical office, and MagnaCare or Sedgwick services.
- Timeliness of a medical services payment

- Receipt of certain information
- Rapport of provider/other health care professional
 - Understanding of the program by participating providers
 - Lack of communication
 - Failure of a participating provider to follow administrative requirement(s) of the program, such as referral to a non-participating provider, inappropriate request for payment, unavailability of provider, or lack of covering physician

Quality of Care issues include but are not limited to:

- Provider office or facility is unclean
- Provider acted unprofessionally
- Provider refused to provide care or make appropriate referrals
- Provider performed an unnecessary service
- Provider billed for or stated that he/she performed a service **NOT** actually performed
- Provider's treatment plan appears questionable for a claimant's diagnosis
- Provider appears to be impaired
- Provider refuses to give information or provide copies of records to a member or to the dependent of that member

Filing a Grievance

Most concerns about MagnaCare or Sedgwick can be resolved by talking to a MagnaCare representative and avoiding a formal grievance. In the event that a situation cannot be easily resolved, the MagnaCare/Sedgwick Provider Networks' grievance procedure assures that issues and complaints are transmitted in a timely manner to appropriate decision makers. Upon request, MagnaCare/Sedgwick Provider Networks will provide a copy of the grievance procedure printed in a language other than English.

The Certified PPO Program Administrator may rule that a grievance is without merit and does not require further action, or rule that a hearing should be held for all concerned parties. In either case, MagnaCare or Sedgwick will provide to the injured employee or their designee written resolution of the grievance.

The Certified PPO Program Administrator shall resolve complaints and communicate its recommendations to the grievant (or their designee) or participating provider involved within the following time frames:

- 48 hours after receipt of all necessary information when a delay would significantly increase the risk to an injured employee's health. Notice of the determination shall be made by telephone directly to the grievant with written notice within 3 business days.
- 30 days after receipt of all necessary information, in the case of requests for referrals or disputes involving the grievant's benefits. Notice of the determination shall be sent to the grievant within 3 business days after a determination is made.

- 45 days after receipt of all necessary information in all other complaints. Notice of the determination shall be sent to the grievant within 3 business days after a determination is made.

Steps to follow:

The grievant may contact a **MagnaCare WC Certified PPO Grievance Coordinator** at **1-844-301-5266**, or by writing to:

MagnaCare WC Certified PPO Grievance Coordinator
1600 Stewart Ave, Suite 700
Westbury, N.Y. 11590

Filing an Appeal

If not satisfied with the resolution of a dispute, the grievant may file an appeal through written request within 15 days of the postmark date on the letter describing the resolution of the complaint. The Grievance Coordinator will arrange for the case to be heard before a dispute committee, which may include representatives from the concerned party(s). The dispute committee, depending on receipt of additional information, will render an appeal decision within 30 days from the date of receipt of appeal.

Expedited Appeal Procedure

Expedited appeals will be determined within two business days of receipt of all necessary information to conduct such appeal. An expedited appeal is used for adverse determinations involving:

- Continued or extended health care services, procedures or treatments
- Additional services for an employee undergoing a course of continued treatment
- An adverse determination where the health care provider believes an immediate appeal is warranted

Clinical Appeals

The MagnaCare/Sedgwick Provider Networks Quality Assurance Committee will review appeals of a clinical nature. The Committee is made up of licensed, certified or registered healthcare professionals who did not participate in the initial determination.

The Quality Assurance Committee will decide on appeals and render a written decision to the injured employee or their designee. This process shall occur no later than:

- 2 business days after receipt of all necessary information, when a delay would significantly increase the risk to an enrollee's health, or
- 30 business days after receipt of all necessary information, in all other instances.

Steps to follow:

The appeal request should be sent to the MagnaCare WC Certified PPO Grievance Coordinator, whose address is indicated previously.

Filing a Complaint with the Workers' Compensation Board

An injured employee or participating provider may file a complaint directly to the State of New York Workers' Compensation Board or the New York State Department of Health.

Steps to follow:

The complaint should be sent to:

The State of New York Workers' Compensation Board

The Dispute Resolution Unit
100 Broadway-Menands
Albany, NY 12241

New York State Department of Health Workers' Compensation Unit

Tower Building, Empire State Plaza
Albany, NY 12237

8. Patient Satisfaction

Employee suggestions for program improvement are valued. The MagnaCare/Sedgwick Provider Networks invite suggestions for improvement. If you have comments or suggestions, please write to:

MagnaCare Certified PPO Program Administration
1600 Stewart Ave, Suite 700
Westbury, N.Y. 11590

Or send an e-mail to skokulak@magnacare.com.

9. Rights and Responsibilities of Sedgwick, MagnaCare, the MTA, and Employees

A. Of Sedgwick and/or MagnaCare

- ✓ The MagnaCare/Sedgwick Provider Networks shall arrange for the delivery of all necessary medical services under New York Workers' Compensation Law ("WCL") to diagnose, treat and rehabilitate an injured worker who requires medical treatment for an injury or illness arising out of and in the course of their employment with the MTA.
- ✓ The MagnaCare/Sedgwick Provider Networks shall arrange to have medical care available for treatment of injured workers that meets generally accepted professional standards and that will be provided by healthcare professionals who are currently licensed, registered, and/or certified as appropriate and are under contract with such networks.
- ✓ The MagnaCare/Sedgwick Provider Networks shall include providers within a reasonable travel distance from an injured member's work site and/or their home.
- ✓ In the event an in-network provider is unable to treat the injured employee within 48 hours of their injury, the employee may treat outside of the MagnaCare/Sedgwick Provider Networks.
- ✓ The MagnaCare/Sedgwick Provider Networks shall refer an injured member to a New York State Occupational Health Clinic upon their request.
- ✓ The MagnaCare/Sedgwick Provider Networks shall monitor the quality of care that each injured member receives against established standards of care.
- ✓ The MagnaCare/Sedgwick Provider Networks shall submit data and other information as required to the NYS Department of Health and the NYS Workers' Compensation Board.

B. Of the MTA

- ✓ The MTA shall notify Sedgwick, in its capacity as the MTA's claims administrator, of work-related injuries.
- ✓ The MTA shall be responsible for payment for all compensable medical treatment according to the NYS WCB's medical fee schedules and/or fee schedules established by the provider's network participation agreement.
- ✓ The MTA shall have the MagnaCare/Sedgwick Provider Networks directories on hand to assist injured employees in finding providers in such networks.

C. Of Employees

- ✓ You must notify your employer of any injury or illness arising out of the scope and in the course of your employment as soon as possible. Notice to the MagnaCare/Sedgwick Provider Networks alone will not constitute sufficient notice of a work-related injury.
- ✓ You must seek treatment from providers in the MagnaCare/Sedgwick Provider Networks for your initial treatment and for the first thirty days after your initial in-network treatment, except in the event of a medical emergency.
- ✓ You have the right to opt out of the MagnaCare/Sedgwick Provider Networks thirty days after your initial in-network, non-emergency treatment.
- ✓ You must obtain prior authorization for certain treatments, tests and the use of certain durable medical equipment and off-formulary medication where required by the NYS WCB.
- ✓ You have the right to receive and keep this Handbook.
- ✓ You have the right to access the MagnaCare/Sedgwick Network Provider directory for NY, NJ, CT and PA providers.
- ✓ You have the right to change providers within the MagnaCare/Sedgwick Provider Networks.
- ✓ You have the right to be referred to a New York State Occupational Health Clinic.
- ✓ You have a right to a second opinion from a different provider in the MagnaCare/Sedgwick Provider Networks.
- ✓ You have the right to file a grievance.