***[Instruction*:** *This letter should be provided to new employees at the time of hire and all current employees prior to the implementation of the EMP GA MCO. The information on this letter should be placed on your company’s letterhead. You should maintain documentation that you provided this information to your employees. The language on the Initial Employee Acknowledgement letter should not be modified or altered. However, you may add additional information if deemed appropriate–such as whom within the company employees should contact if they have questions about the letter]*

Insert Date

Dear Employee:

**RE: Workers’ Compensation Illnesses or Injuries**

\_\_\_ {insert policyholder name}\_\_\_\_\_\_\_ is committed to the well-being and safety of our employees. As part of our commitment, we want to ensure that every employee who sustains a work-related injury or illness obtains prompt medical care, receives high quality treatments, and returns to work as soon as medically possible under the Georgia State Board of Workers’ Compensation Managed Care Organization plan.

\_\_\_ {insert policyholder name} is working with Employers Compensation Insurance Company, Employers Preferred Insurance Company or Employers Assurance Company (EMPLOYERS) to support all workers’ compensation claims. {insert policyholder name}has implemented the EMPLOYERS Georgia Managed Care Organization (EMP GA MCO) plan, which is supported by Coventry Health Care Workers Compensation, Inc. (Coventry), a national managed care company. The EMP GA MCO is certified by the Georgia State Board of Workers’ Compensation to manage the delivery of medical care and return to work for any employees who experience a work-related illness or injury.

This initial notice is to advise you that workers’ compensation injuries/illnesses will be medically managed under the EMP GA MCO. If you have a work related injury or illness, you will be receiving additional information from EMPLOYERS about your responsibilities under the EMP GA MCO. If you have any questions about your claim, contact your adjuster at the number provided in the materials sent to you at the time of injury. Here are a few key notes that you will need to know:

* If you have a work-related illness or injury, notify your Supervisor immediately.
* If you require immediate medical attention go to the nearest hospital or urgent care facility.
* If you need non-emergency medical services, you MUST obtain treatment from within the EMP GA MCO Network within your geographic service area (GSA).
* See the attached listing to identify your GSA.
* If you need assistance in finding a provider within the GSA, your Supervisor will give you a Channeling Letter to help you find a provider. You can call Coventry at any time at 1-800-937-6824 option 1, 1, and 1 or visit the provider locator website at [www.employers.com](http://www.employers.com). Go to the For Injured Workers tab and select Provider Locator, then Georgia.
* Following notice of your work-related injury or illness, you may receive a call from a nurse to assist you in receiving medical care and in working with \_{policyholder name}\_\_\_\_\_,EMPLOYERS, your provider and you to determine the best time for you to return to work.
* You have the right to file a Dispute to appeal a non-certification notice, to dispute any component of medical care, or request a change of treating physician.
* You also have a right to file a grievance if you are dissatisfied with the service provided to you within the EMP GA MCO.

Additional instructions will be provided in the Employee Notice you receive at the time of injury. Please read all related materials carefully and contact your adjuster with any questions. To confirm receipt of this material, please sign & return the Employee Acknowledgement Form to your human resources representative.

**Geographical Service Areas (GSA)**

**#1- Athens=**Banks, Barrow, Butts, Clarke, Dawson, Dekalb, Elbert, Forsyth, Franklin, Fulton, Greene, Gwinnett, Habersham, Hall, Hancock, Hart, Henry, Jackson, Jasper, Lincoln, Lumpkin, Madison, McDuffie, Morgan, Newton, Oconee, Oglethorpe, Putnam, Rockdale, Stephens, Taliaferro, Walton, Warren, White & Wilkes.

**#2- Atlanta =** Barrow, Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Floyd, Forsyth, Fulton, Gordon, Gwinnett, Hall, Haralson, Heard, Henry, Jackson, Jasper, Lamar, Lumpkin, Meriwether, Monroe, Morgan, Newton, Oconee, Paulding, Pickens, Pike, Polk, Rockdale, Spalding, Troup & Walton.

**#3- Augusta =** Burke, Candler, Columbia, Emanuel, Glascock, Hancock, Jefferson, Jenkins, Johnson, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Washington & Wilkes.

**#4- Brunswick =** Appling, Bacon, Brantley, Bryan, Camden, Charlton, Chatham, Glynn, Liberty, Long, McIntosh, Pierce, Tattnall, Ware, Wayne.

**#5- Columbus =** Chattahoochee, Clay, Coweta, Crawford, Harris, Heard, Lamar, Macon, Meriwether, Muscogee, Pike, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, Terrell, Troup, Upson & Webster.

**#6- Gainesville =** Banks, Barrow, Bartow, Cherokee, Clarke, Cobb, Dawson, Dekalb, Elbert, Fannin, Forsyth, Franklin, Fulton, Gilmer, Gordon, Gwinnett, Habersham, Hall, Hart, Jackson, Lumpkin, Madison, Morgan, Murray, Newton, Oconee, Oglethorpe, Pickens, Rabun, Rockdale, Stephens, Towns, Union, Walton & White.

**#7- Macon =** Baldwin, Bibb, Bleckley, Butts, Crawford, Dodge, Dooly, Greene, Hancock, Henry, Houston, Jasper, Johnson, Jones, Lamar, Laurens, Macon, Monroe, Morgan, Newton, Peach, Pike, Pulaski, Putnam, Rockdale, Schley, Spalding, Talbot, Taylor, Twiggs, Upson, Washington & Wilkinson.

**#8- Rome =** Bartow, Carroll, Catoosa, Chattooga, Cherokee, Cobb, Dade, Dawson, Douglas, Floyd, Forsyth, Fulton, Gilmer, Gordon, Haralson, Murray, Paulding, Pickens, Polk, Walker & Whitfield.

**#9- Savannah =** Bryan, Bulloch, Candler, Chatham, Effingham, Evans, Glynn, Jenkins, Liberty, Long, McIntosh, Screven, Tattnall, Toombs & Wayne.

**#10- Tift =** Baker, Ben Hill, Berrien, Brooks, Clay, Colquitt, Cook, Crisp, Dooly, Dougherty, Grady, Irwin, Lee, Macon, Mitchell, Pulaski, Quitman, Randolph, Schley, Stewart, Sumter, Terrell, Thomas, Tift, Webster, Wilcox & Worth.

**#11- Valdosta =** Atkinson, Berrien, Brooks, Clinch, Coffee, Colquitt, Cook, Echols, Grady, Irwin, Lanier, Lowndes, Mitchell, Thomas, Tift, Ware & Worth.

**#12- Calhoun** (Single county GSA).

**#13- Decatur** (Single county GSA).

**#14- Early** (Single county GSA).

**#15- Jeff Davis** (Single county GSA).

**#16- Marion** (Single county GSA).

**#17- Miller** (Single county GSA).

**#18- Montgomery** (Single county GSA).

**#19- Seminole** (Single county GSA).

**#20- Telfair** (Single county GSA).

**#21- Treutlen** (Single county GSA).

**#22- Turner** (Single county GSA).

**#23- Wheeler** (Single county GSA).

**Employee Acknowledgement Form**

Please sign your name, print your name and date this form in the spaces below to indicate that you have received this information. Return this signed and dated form to your Human Resources Representative or Supervisor.

By signing this form, I confirm the following:

* I have received an initial letter and information from my employer about the use of the EMPLOYERS Georgia Managed Care Organization (EMP GA MCO) plan for any work-related injury or illness;
* That in the event I have a work-related injury or illness, my care will be supported under the EMP GA MCO;
* That at the time of injury/illness, I will:
  + - Immediately notify my Supervisor about my injury/illness;
    - Obtain more information from my employer and EMPLOYERS about my role and responsibilities under this program, including how to locate a provider and utilize only the medical providers available through the EMP GA MCO if I am injured in a work-related accident except in cases of emergencies.

I also understand that if I go to a medical provider for treatment of a workers’ compensation claim and the provider is not included as part of EMP GA MCO that this treatment **may not** be authorized. I also understand there is a dispute and grievance process in place for any concerns I may have regarding the EMP GA MCO and my medical treatment within the EMP GA MCO. I understand my rights and responsibilities within the certified EMP GA MCO and agree to comply with its provisions.

**Sign, return to your Human Resources Representative or Supervisor.**

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Employee Signature

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Print Name Date