

EMPLOYERS[®] EMP KY MHCP Initial Employee Acknowledgement Letter

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 KY MHCP. 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.

EMPLOYERS Kentucky Managed Health Care Plan (EMP KY MHCP) Initial Employee Letter

To All Employees:

Your employer's workers' compensation carrier - Employers Compensation Insurance Company, Employers Preferred Insurance Company, or Employers Assurance Company (EMPLOYERS), has implemented a plan to help employees when they sustain a work-related injury or illness. The plan is called the EMPLOYERS Kentucky Managed Health Care Plan (EMP KY MHCP) and is supported by Coventry Health Care Workers Compensation, Inc (Coventry), a national managed care company. Our goal in using this plan is to get you healthy and back to work as quickly as medically possible.

If you have a work-related injury or illness after 10/1/17 and require medical attention, you must obtain treatment from within the EMP KY MHCP network of providers. To help you find a provider, contact Coventry at 800-937-6824 or visit the provider locator website at www.employers.com and choose the *For Injured Workers* tab and select *Provider Locator*, then *Kentucky*.

Exceptions:

In an emergency, you may seek treatment from any hospital or emergency facility.

For non-emergency situations, you will need to use a provider from within the EMP KY MHCP. However, in some instances you may need to find necessary care outside the EMP KY MHCP. The EMP KY MHCP allows you to elect to receive services from an out-of-network provider under the following circumstances:

- 1) For emergency care

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- 2) When you are referred outside the EMP KY MHCP for medical services by a Gatekeeper Physician
- 3) When authorized treatment is unavailable through the EMP KY MHCP
- 4) To obtain a second opinion when an EMP KY MHCP provider recommends surgery

You do not need prior approval to use emergency care. Please note that care needed after hours should be considered emergency care. For all other non-emergency care, you must obtain prior approval from a claims adjuster at 888-682-6671 to use an out-of-network provider.

If you had an injury or illness prior to your employer's participation in the EMP KY MHCP, and you are using a participating provider in the EMP KY MHCP, your continued care will now be managed under this plan. You will soon receive an employee EMP KY MHCP Claims Kit from the claims adjuster identifying your rights and responsibilities under the program.

If you had an injury prior to your employer's participation in the EMP KY MHCP program, and you are using an out-of-network provider, you may continue treating with your existing out-of-network provider. In the event you wish to change providers, you will be placed into the EMP KY MHCP and will need to use an in-network provider. You will receive additional communication from a claims adjuster in relation to your injury at that time. If you have questions, please contact EMPLOYERS at 888-682-6671.

During the course of your injury, you may receive a call from a Coventry nurse to assist you in receiving medical care, coordinating activities with your employer and provider and determining the best time for you to return to work. Wherever possible, Coventry will discuss with your employer all opportunities for you to return to work under modified or alternative duty until you can return to full duty and functionality.

You have a right to file a grievance if you are dissatisfied with the service provided to you within the EMP KY MHCP. A grievance is made when a written complaint or written request is delivered by the employee or provider to the EMP KY MHCP setting forth the nature of the complaint and remedial action requested. The employee or provider shall file a grievance within thirty (30) days of the occurrence of the event giving rise to the dispute. The EMP KY MHCP shall render a written decision within thirty (30) days of receiving a grievance. Any employee or provider dissatisfied with the EMP KY MHCP's resolution of a grievance may apply for review by an administrative law judge by filing a request for resolution within thirty (30) days of the date of EMP KY MHCP's final decision. Request for resolution should be submitted to the following:

Kentucky Department of Workers' Claims
657 Chamberlin Avenue
Frankfort, KY 40601
Phone: 502-564-5550

Employee Acknowledgement Form

Please sign and date this form in the space below to indicate that you have received this information. Return this signed and dated form to your 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® Kentucky Managed Health Care Plan (EMP KY MHCP) 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 KY MHCP;
- That at the time of injury, 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 KY MHCP if I sustain a work-related accident or illness except in cases of emergencies.

I also understand that if I go to a medical provider that is not included as part of the EMP KY MHCP for treatment of a workers' compensation claim 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 KY MHCP. I understand my rights and responsibilities within the certified EMP KY MHCP and agree to comply with its provisions.

Sign and return to your employer supervisor

Employee Signature

Print Name

Date

Employer Name/Location

Employer Representative's Signature

Date

Note – This Acknowledgement Form will be kept in your employee file to confirm your receipt of initial notice about your employer's participation in the EMPLOYERS Kentucky Managed Health Care Plan in the event you have a work-related injury or illness.