



**EMPLOYERS[®] GA MCO
Instructions on How to
Complete the P3 Form**

EMPLOYERS Georgia Managed Care Program Guide



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Introduction

As your workers' compensation insurance carrier, Employers Compensation Insurance Company, Employers Preferred Insurance Company or Employers Assurance Company (EMPLOYERS), we are committed to the well-being and safety of your 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. We have selected to work with Coventry Health Care Workers Compensation Services, Inc. (Coventry) to offer Workers' Compensation Managed Care Organization (MCO) services to your injured or ill employees.

The MCO program offered by Coventry in conjunction with EMPLOYERS is known as the **EMPLOYERS Georgia Managed Care Organization (GA MCO)**. Below you will find an explanation of how the GA MCO program will provide injured employees with the best-managed care services available.

GA MCO Documents

There are materials that all employer locations should have in order to be in compliance with the GA MCO program. The items are as follows:

1. State of Georgia Form WC-P3
2. Emergency Hospital Work Site Poster
3. Initial Employee Letter and Acknowledgement Form
4. ID Card
5. Channeling Letter - This document directs the injured employee where to go for treatment after an injury and find a provider.
6. Copies of the Employee Notice and attachments (includes ID Card, Physician Instructions, & Dispute/Grievance Form)

These items are available for download at our website: <https://www.employers.com/where-employers-does-business/georgia-workers-comp/georgia-claim-forms/>

Staff Training

Make sure that all key personnel are trained on the GA MCO prior to the implementation date. Each employer's staff/location should be well trained on how the program works, have access to all the materials and understand how to look up a provider via the EMPLOYERS web site.

- One week prior to implementation of the GA MCO, send the "Initial Employee Letter and Acknowledgement Form and ID card" to each employee and subsequently to all new hires. This can be sent in any format e.g. Presentation, Email, etc.
- Each employee must sign the Acknowledgement Form and return it to a key individual at your location that will place the form in the employee's personnel file, acknowledging receipt of the information packet.
- Each employer should select an emergency hospital or urgent care facility closest to your location and put the name in the box on Emergency Work Site Poster. In an emergency, all care will automatically be provided at these locations e.g. this is where the ambulance will take the injured employee for emergency care.



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- Post the following documents in a conspicuous location that is readily accessible to all employees:
 1. State of Georgia Form WC-P3
 2. Emergency Hospital Work Site Poster
 3. Copies of the Employee Notice, ID, Physician Instructions, Dispute/Grievance Form

If you are missing any of these documents, please visit the EMPLOYERS website at <https://www.employers.com/where-employers-does-business/georgia-workers-comp/georgia-claim-forms/>.

At Notice of Injury

- If an emergency, send the injured employee to the nearest hospital or urgent care facility for emergency services and then report the claim. For non-emergencies, report the claim first.
- Initiate the process for starting a claim. For your convenience, EMPLOYERS offers several ways to report a claim:
 - **EMPLOYERS Injured Employee Hotline:** this hotline is available 24 hours a day, seven days a week and is staffed by registered nurses specially trained to provide medical guidance over the phone for a new work-related illness or injury. Employees or their supervisors can access the hotline by calling 855-365-6010.
 - **Telephone:** Claims can be reported 24 hours a day, seven days a week by calling EMPLOYERS Customer Support at 888-682-6671. Please be prepared to provide your company's policy number, a summary of the accident/injury, and the injured worker's name and contact information.
 - **E-mail:** send your completed First Report of Injury (FROI) form to ecfroi@employers.com.
 - **Fax:** send your completed FROI form to 877-329-2954.
 - **Loss Control ConnectionSM:** Enroll in Loss Control Connection to gain valuable access to a variety of Loss Control resources including safety policies and procedures, training material, posters, brochures and more. Once enrolled, you'll have the ability to submit a First Report of Injury online through Loss Control Connection.
- Provide the injured employee with the Channeling Letter, which will assist the injured employee in locating a physician.
- Plan for the employee's return to work with modified light or alternative duty opportunities.

Adjuster Responsibilities

- Upon receipt of the claim, the adjuster will review the claim. If there are questions about the claim, please contact the adjuster at 888-682-6671.
- After the adjuster has reviewed and accepted the claim, he/she will send the "Employee Notice" materials that contain a letter to the employee, ID Card/Letter, Instructions for the Provider, Grievance Procedure and Grievance form. These materials explain to the injured employee how the program works and what the injured employee must do under the program. This should occur within a few days of the injury. During the time between the notice of injury and



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the adjuster sending the documents, it is important that the injured employee is directed to a network provider at the earliest time.

Obtaining a GA MCO Provider

If at any time the injured employee needs a network provider, contact your adjuster at 888-682-6671 or visit the provider locator website at www.employers.com and go to the For Injured Workers tab, select Provider Locator, and then Georgia.

The online directory lists GA MCO providers according to the geographic area for your employees. These providers are to be used by injured employees for an initial evaluation of a work-related injury or illness. Employees must have access to all GA MCO providers within their geographic area from which to choose a provider. The provider chosen by the employee is deemed the authorized treating physician.

The authorized treating physician will direct and coordinate all future medical care and specialty referrals as required for the injured employee. A case manager may also be assigned to follow the care and rehabilitation process through to recovery and return to work.



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Care Management (Utilization Review, Case Management, Catastrophic Case Management, Vocational Rehab)

If you call the **EMPLOYERS, Injured Employee Hotline** at **855-365-6010**, communication with a Coventry Triage Nurse begins. A Triage Nurse will be alerted to contact the injured employee to determine if he/she needs medical attention. If the injured employee needs medical attention, the nurse will make sure the injured employee finds a network provider and is receiving the care needed.

The Triage Nurse will confirm the injured employee has received the medical care needed and evaluate if further care management will be beneficial. The case manager will present the request to the adjuster to determine if further care management is necessary.

The injured employee will take the Channeling Letter to a treating physician, which instructs the provider to call EMPLOYERS for “pre-certification” for any of the services noted. Utilization Review (UR) may be performed for the service being requested. Providers may call EMPLOYERS for UR at 888-441-9223 or fax to 702-671-7676.

In the event a service is not approved, the injured employee, adjuster and provider will receive a “non-certification notice” with instructions for the injured employee or provider to appeal. The provider and/or injured employee must exhaust the GA MCO appeal process before pursuing additional recourse from the state.

Return to Work

When appropriate, the topic of “return to work” should be a part of discussions with all parties, especially between the authorized treating physician and injured employee. Let all parties know about any transitional, modified or alternative light duty is available at the workplace to support early return to work for the injured employee.

Complaints or Grievances

If the provider or injured employee wishes to file a complaint or grievance, direct them to Coventry’s Grievance Coordinator at 800-262-6122 to explain the process.

Questions

If you have any questions on how the GA MCO functions, call **Coventry at 800-262-6122** and you will be able to speak to a Coventry representative familiar with Georgia’s workers’ compensation laws and the GA MCO program.



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Instructions on How to Complete the P3 Form

The state of Georgia requires the State of GA Posting Form WC-P3 be posted in a conspicuous place readily accessible to all employees at all times. The notice identifies your participation in EMPLOYERS Georgia Managed Care Organization program (EMP GA MCO) and the responsible parties when a workplace injury or illness occurs.

Form Instructions

Step 1: Enter the following MCO Contact information:

MCO Contact Information

NAME OF THE MCO: EMPLOYERS Georgia MCO (EMP GA MCO)
CONTACT: EMPLOYERS Injured Employee Hotline
ADDRESS: PO Box 32036, Lakeland, FL 33802-2036
CONTACT NUMBER: 855-365-6010

Step 2: Enter the Geographical Service Area associated with the location where the notice will be posted. See the section titled Geographical Service Areas (GSA) on the next page for a list of GSAs. Select the GSA associated with the employment location county.

Step 3: Enter the following Network Contact information:

Network Contact information

NETWORK CONTACT: Coventry
PHONE NUMBER: 800-937-6824, press options 1, 1, and 1
24 HOUR CONTACT: EMPLOYERS Injured Employee Hotline
PHONE NUMBER: 855-365-6010

Step 4: Enter the Effective Date of the MCO. The effective date of the MCO is 1/1/2017 or the effective date of a **new** policy, whichever is later.

Step 5: Enter the Insurance Company Name. The insurance company name is obtained from the upper left hand corner of the insurance policy declarations page (e.g., Employers Assurance Company, Employers Preferred Insurance Company, or Employers Compensation Insurance Company).

INSURANCE COMPANY: Employers Assurance Company, Employers Preferred Insurance Company or Employers Compensation Insurance Company
CONTACT: Claims Department at EIG Services, Inc.
ADDRESS: PO Box 32036, Lakeland, FL 33802-2036
CONTACT NUMBER: 888-682-6671

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).

(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages. Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. §34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

State Board of Workers' Compensation
270 Peachtree Street, N.W.
Atlanta, Georgia 30303-1299
404-656-3818 or 1-800-533-0682
<https://www.sbcw.georgia.gov>

Your employer has enrolled with the certified Workers' Compensation Managed Care Organization (WC/MCO) listed below to provide all the necessary medical treatment for workers' compensation injuries. The effective date is shown below. If you had an injury prior to the effective date listed below, you may continue to receive treatment from your current non-participating authorized physician until you elect to utilize the services of the WC/MCO. Each employee will be furnished with a publication which explains in detail how to access the services of the WC/MCO and provides a complete list of the medical providers available. In addition, each employee will be given a wallet-sized card which contains information on the services of the WC/MCO including a 24-hour toll-free phone number with recorded messages of information on how to utilize these services.

NAME OF THE MCO: EMPLOYERS Georgia MCO (EMP GA MCO) ← **Step 1**
CONTACT: EMPLOYERS Injured Employee Hotline
ADDRESS: PO Box 32036, Lakeland, FL 33802-2036
CONTACT NUMBER: 1-855-365-6010

GEOGRAPHICAL SERVICE AREA: _____ ← **Step 2**

NETWORK CONTACT: Covantv
NUMBER: 1-800-937-6824 option 1, 1 and 1
24 HOUR CONTACT: EMPLOYERS Injured Employee Hotline ← **Step 3**
NUMBER: 1-855-365-6010

EFFECTIVE DATE OF WC/MCO: _____ ← **Step 4**
CONTACT: The Adjuster at EIG Services, Inc.
NUMBER: 1-888-682-6671

The insurance company providing coverage for this business under the Workers' Compensation Law is:

INSURANCE COMPANY: _____ ← **Step 5**
CONTACT: The Adjuster at EIG Services, Inc.
ADDRESS: PO Box 32036, Lakeland, FL 33802-2036
CONTACT NUMBER: 1-888-682-6671

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION
AT 404-656-3818 OR 1-800-533-0682 OR VISIT
[HTTPS://WWW.SBCW.GEORGIA.GOV](https://www.sbcw.georgia.gov)

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).

WC-P3 (7/2006)

America's small business insurance specialist®

EIG Services, Inc., an affiliated agency and adjuster

Employers Preferred Insurance Company | Employers Assurance Company
Employers Compensation Insurance Company | Employers Insurance Company of Nevada