



EIG Services, Inc.
In California, dba
EIG Insurance Services

EMPLOYEE NOTICE

Date

Physician Name
Physician Address
City, State, Zip

Re: Workers' Compensation Injury – Employee Notice
Employee / Empleado: **Employee First and Last Name**
Employer / Empleador: **Employer Name**
Claim Number / Num de Reclamo: **Claim Number**
Date of Injury / Fecha de lesion: **Date of Injury**
Insurer / Aseguradora: **Insurer Name**

Dear **Employee First and Last Name**

Employer Name participates in the EMPLOYERS Kentucky Managed Health Care Plan (EMP KY MHCP). This plan works in combination with **Employer Name's** workers' compensation carrier, **Insurer Name**, and Coventry Health Care Workers' Compensation, Inc., a national managed care company. The EMP KY MHCP is a certified plan that provides access to medical care for employees who have work-related injuries or illnesses. The role of the EMP KY MHCP is to ensure that the medical and health care services you receive are provided in a timely and effective manner that is convenient for you, the injured employee.

Your care will be managed under the EMP KY MHCP. This notice provides an overview of the rules and responsibilities under the plan below:

- For general information about the EMP KY MHCP, you may contact Coventry at 800-262-6122. A live representative will be there during normal business hours (8 AM to 5 PM Central Time). After hours, you may leave a message and a representative will call you the next business day.
- If you need immediate, emergency treatment for your work-related injury or illness, go to the nearest hospital or urgent care facility. You may receive immediate emergency medical treatment 24 hours a day that is compensable from any medical provider or hospital.
- In a non-emergency situation, you must use a EMP KY MHCP provider. To help you find a provider, contact your claims adjuster at 888-682-6671 or visit the provider locator website at www.employers.com and choose the *For Injured Workers* tab and select Provider Locator, then Kentucky.

America's small business insurance specialist[®]

Tel 888 682-6671 | PO Box 32036 | Lakeland, FL 32036 | www.employers.com

EIG Services, Inc., an affiliated agency and adjuster

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

- A copy of the Initial Visit Provider Letter is attached. Please bring this letter to your initial visit and give it to the provider. This letter explains the role and responsibility of the provider under the EMP KY MHCP.
- When it becomes apparent that you need continued care, your treatment needs to be coordinated by a single EMP KY MHCP physician chosen by you. This will be your Gatekeeper Physician. A Gatekeeper Physician is a qualified physician acting within the scope of his or her license who has been specifically designated by the EMP KY MHCP to provide primary care to a patient and to make referrals of patients to other providers for specialized care or diagnostic services.

You must provide notice of your selected “Gatekeeper Physician” and his/her acceptance within ten (10) days after starting treatment with him/her. To provide proper notification, you and your Gatekeeper Physician must complete and return Form 113 (see attached). A self-addressed, prepaid envelope is enclosed for returning the completed Form 113 to EMPLOYERS. If you do not complete and return within 10 days from the start of treatment, all benefits payable may be suspended until the form is completed and returned.

- Your Gatekeeper Physician can refer you to other providers for specialized care or diagnostic services. To be qualified as a Gatekeeper Physician, a provider:
 - Must be a EMP KY MHCP participating provider and designated as a Gatekeeper Physician; and
 - Must be primarily responsible for the treatment of your workers’ compensation injury or illness

In the event the physician you selected for a Gatekeeper does not qualify as a designated Gatekeeper Physician and does not meet the requirements of an eligible Gatekeeper Physician as described above, the claims adjuster will send you a communication to find another Gatekeeper that fits the specifications. You will have seven (7) days upon receipt of the claims adjuster communication to identify another Gatekeeper or additional services will be deemed as “not compensable.”

- EMP KY MHCP regulations allow you to elect to receive services from an out-of-network provider under the following circumstances:
 - For emergency care
 - When the Gatekeeper Physician refers an employee outside the EMP KY MHCP for medical services
 - When authorized treatment is unavailable through the EMP KY MHCP
 - To obtain a second opinion when a EMP KY MHCP provider recommends surgery
 - For those injuries or diseases for which continuing treatment was initiated prior to the date the managed care plan for the employer was approved, the employee may continue treatment with their current physician
 - If initial emergency care following a compensable injury is treated by a medical provider outside the EMP KY MHCP, the injured employee may remain under the care of that provider so long as the provider complies with utilization review, reporting standards, and quality assurance mechanisms prescribed by the employer’s managed care plan. To obtain approval to use an out-of-network provider, you may contact your claims adjuster at 888-682-6671.

- If you had an injury 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 program. 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, and you are using an out-of-network provider, you may continue treatment with your existing out-of-network provider. In the event you wish to change providers, you will then 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.

- If you remain under the care of an out-of-network provider and subsequently request a change of provider, you must receive approval to change providers and choose a new provider from the EMP KY MHCP network. You may locate an EMP KY MHCP physician by visiting the website, by calling the toll-free number or by contacting your claims adjuster.
- If you would like to remain under the care of an out-of-network provider, it is important to note that your provider is still subject to the EMP KY MHCP treatment and utilization standards. The provider must comply with utilization review, reporting standards, and quality assurance mechanisms required by the state of Kentucky and prescribed by the EMP KY MHCP.
- While participating in the EMP KY MHCP, EMPLOYERS may identify your case as benefiting from active case management. If your case is identified as such, a certified EMP KY MHCP case manager will keep track of your care and identify opportunities for cost-effective, alternative care and treatment with the goal of returning you to the work force or reaching Maximum Medical Improvement (MMI) as soon as possible. The case manager will coordinate the delivery of health services and return to work policies; promote an appropriate, prompt return to work; and facilitate communication between you, your employer, and your health care providers.
- You have the 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 upon a grievance within thirty (30) days of receiving the grievance. Any employee or provider dissatisfied with 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

Written grievances should be sent to Coventry at the following address: Coventry Grievance Coordinator, 3200 Highland Ave., Downers Grove, IL 60515.

An overview of the Grievance Process and a copy of the Grievance Form are attached. When completing the form, please describe your complaint in detail and the action you are requesting.

If at any time you would like additional information on the grievance process, please contact Coventry at 800-262-6122.

If you have further questions about the EMP KY MHCP or need help accessing medical treatment, please contact your claims adjuster at 888-682-6671.

Sincerely,

Claims Adjuster Signature

Claims Adjuster Name

Claims Adjuster Title

Claims Adjuster Phone

Fax: 866-461-2934

Enclosures: Verification of Coverage, Designated Physician Form 113, Initial Provider Letter, Medical Waiver Form 106 and Grievance Form.

cc: [Worker's Representative](#)
[The Medical Provider](#)



America's small business insurance specialist®

EMPLOYERS Kentucky Managed Health Care Plan (EMP KY MHCP) Verification of Coverage

Dear Injured Employee,

Insurer Name has selected to partner with Coventry Health Care Workers' Compensation, Inc. (Coventry) to provide medical services through EMPLOYERS Kentucky Managed Health Care Plan (EMP KY MHCP). The EMP KY MHCP is a certified plan that provides access to medical care for workers who have work-related injuries or illnesses. The role of the EMP KY MHCP is to ensure that medical and health care services you receive are provided in a timely and effective manner that is convenient for you, the injured employee.

To help you find a provider, contact your claims 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 *Kentucky*.

Present the Verification of Coverage card below to the provider at every visit. Possession of the card shall not be construed as authorization for medical service or payment. This card provides important contact information.

Cut along lines and place in wallet

EMP KY MHCP	
800-937-6824 (select options 1, 1 and 1)	
<i>Supply this card to the provider at every visit.</i>	
Carrier:	_____
Employer Name:	_____
Employer Address:	_____
Employer Phone:	_____
Employee Name:	_____
Employee ID:	_____
<i>Note: Possession of Verification of Coverage card is not to be construed as authorization for medical service or payment. §803KAR 25:110.</i>	

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF WORKERS' CLAIMS
Claim No.

Two-Sided Form

NOTICE OF DESIGNATED PHYSICIAN

EMPLOYEE:

Name

Street Address

City, State, Zip

Date of Birth

Social Security Number

Telephone Number

EMPLOYER AT TIME OF INJURY OR LAST EXPOSURE:

Name

Street Address

City, State, Zip

NATURE OF INJURY OR OCCUPATIONAL DISEASE: _____

DATE OF INJURY OR LAST EXPOSURE: _____

FIRST DESIGNATED PHYSICIAN:

Name

Street Address

City, State, Zip

()
Telephone Number

Accepted by: _____

MEDICAL INFORMATION RELEASE: I hereby waive any privilege I may have to restrict the release of information or written material reasonably related to the work-related injury/disease for which I have sought treatment, and I consent to the release of this information or written material to the medical payment obligor, my employer, Special Fund, Uninsured Employers' Fund, or attorneys representing me or any of the parties named above.

Date

Employee Signature

MEDICAL PAYMENT OBLIGOR:

Name Of Obligor

Representative

Street Address

City, State, Zip

()
Telephone Number

Notice:

The Workers' Compensation Act requires the employer to pay for the medical services reasonably necessary for cure and relief from the effects of a workplace injury or disease.

The employee may choose the physician (including chiropractors, etc.) who treats him as "designated physician." The designated physician is responsible for the coordination of the employee's medical care and may refer the patient to consulting or treating physicians as required. Except in an emergency, all treatment must be performed by or on referral from the designated physician. The employee may not change his designated physician more than once without the medical payment obligor's consent.

This form identifies the designated physician and must be returned to the medical payment obligor within ten (10) days after treatment begins. An identification card will be provided to the employee, and that card should be presented when medical treatment is required.

Inquiries shall be made to the listed representative of the medical payment obligor.

This form is not advance authorization from the workers' compensation medical payment obligor for medical services.



EIG Services, Inc.
In California, dba
EIG Insurance Services

Initial Visit Provider Letter

Date

Physician Name
Physician Address
City, State, Zip

Re: Employee / Empleado: Employee First and Last Name

Employer / Empleador: Employer Name
Claim Number / Num de Reclamo: Claim Number
Date of Injury / Fecha de lesion: Date of Injury
Insurer / Aseguradora: Insurer Name

Dear Provider:

Employee First and Last Name is coming to you for an initial visit as an employee of **Employer Name** who is a participant in the EMPLOYERS Kentucky Managed Health Care Plan (EMP KY MHCP). The EMP KY MHCP works in combination with **Employer Name**'s workers' compensation carrier, **Insurer Name** and Coventry Health Care Workers Compensation, Inc. (Coventry), a national managed care company. This letter will help explain your responsibilities under this plan.

UTILIZATION REVIEW & CASE MANAGEMENT

Please contact Coventry's Utilization & Case Management Services at 800-691-1115 when one of the following occurs:

- Hospitalization
- Anticipated Surgery
- Fracture of a Major Bone/Non-Union Fracture
- Physical Therapy Recommended
- Anticipated Disability in Excess of Seven Days
- Prior Disability, by History, of the Same Body Part
- Anticipated Permanent Disability
- Referral to a Provider
- Treatment Plan to Exceed Two weeks

DESIGNATED GATEKEEPER PHYSICIAN

If you have agreed to be the injured employee's designated "Gatekeeper Physician," you must sign Form 113 indicating your acceptance of this designation. The injured employee has been provided a Form 113 with letter. The form must be returned to **Insurer Name** within 10 days after you start

treatment. If the form is not completed and returned within this time frame, including of your signature, all benefits payable may be suspended.

REFERRALS

If the patient requires a referral to a specialist, please contact Coventry's Provider Services at 800-937-6824, select options 1, 1 and 1 for a list of approved providers within the EMP KY MHCP network.

CLAIMS

All claims for treatment must be submitted to the claims administrator on the appropriate form required by the state of Kentucky. Please submit all medical reports within the time frame required by applicable state law.

RETURN TO WORK THROUGH ALTERNATIVE OR MODIFIED DUTY

In the best interest of the employee, we often have modified work available, which would allow the employee to return to work at the earliest possible date. Please keep this in mind as you treat the employee.

Should you have any questions regarding your participation in the network, how the EMP KY MHCP works or if you wish to file a grievance please refer to the Coventry Provider Reference Manual via www.coventrywcs.com or contact your Coventry Workers Comp Provider Services Representative at 800-937-6824, select options 1, 1, and 1.

Sincerely,

Claims Adjuster Signature
Claims Adjuster Name
Claims Adjuster Title
Claims Adjuster Phone

cc:



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Coventry
Grievance Form
(Please PRINT Clearly)

The written grievance must contain, at a minimum, sufficient information to allow the Grievance Coordinator to address the grievance and must be filed within thirty (30) days from the event giving rise to the grievance.

Form with fields: DATE, INITIATOR'S NAME, INITIATOR'S PHONE #, CLIENT NAME, EMPLOYER NAME, INJURED WORKER'S NAME, DATE OF INJURY, SSN#, PROVIDER NAME, PROVIDER TITLE, PROVIDER PHONE #, PROVIDER OR FACILITY ADDRESS, PROVIDER OR FACILITY TAX ID #, DATE OF DISSATISFACTION, REQUESTED ACTION, SIGNATURE, and FORWARD FORM TO information.