

# **National Liability & Fire Insurance Company**

## **Initial Employee Notice and Employee Training Acknowledgement Form - (Implementation of the Coventry Connecticut Managed Care Program)**

Dear Employer:

Congratulations on your plan to implement the Coventry Managed Care Program (MCP). By now, you should have received your new CT MCP Certificate of Approval from the State. The next step is to notify your employees.

### **Initial Employee Notice**

The enclosed sample Initial Employee Notice is part of the necessary communication. You may present this information through a benefits meeting, through a mailing, or through a payroll stuffer package. The letter should also be distributed to all new employees.

Please copy the letter onto your company letterhead before distribution. Also, insert the effective date of your Medical Care Plan in the space provided. The date can be found on your Workers' Compensation Commission Certificate of Approval.

### **Employee Training Acknowledgement Form**

The Employee Training Acknowledgement Form is recommended although not required. We have provided the form to give you the option of having each employee sign a copy for to keep in your files.

## INITIAL EMPLOYEE NOTICE

Dear Employee:

As your employer, we are committed to providing quality medical care for all employees injured in the course of their employment. Accordingly, we have secured the services of Coventry to provide the Connecticut Managed Care Program for all workplace injuries or illnesses on or after \_\_\_\_\_ (date).

We submitted a "Medical Care Plan" (MCP) with the State, and it was approved. It indicates that Coventry will be providing the services for our MCP along with the Coventry Network. The network consists of quality medical providers and includes physicians, podiatrists, chiropractors, dentists, optometrists, and physical/occupational therapists committed to providing prompt, efficient care.

Effective \_\_\_\_\_ (date), all employees will be covered under the MCP. If you have a work-related injury or illness on the job, you will be required to participate in the MCP. You must choose a provider from Coventry's Network. Please note that for any recurrence of prior injury or for continuing treatment for injuries that occurred prior to the initiation of the Medical Care Plan, there will be no change.

Injured employees will be required to treat with Coventry Network providers. If treatment occurs outside the Coventry Network, your benefits may be suspended (subject to the order of the Workers' Compensation Commissioner). If Coventry's network does not include a particular specialty that is needed, a non-network provider on the State's list of approved Workers' Compensation providers may be used with prior approval from Coventry.

For all work-related injuries, report the incident to the supervisor immediately. The supervisor will supply a copy of the *Employee Notice at Time of Injury*. This document summarizes the injured worker's role and responsibilities under the Coventry CT MCP. All supervisors, departmental claim coordinators, or urgent care providers have access to the Coventry Network via on-line tools to assist with directing the injured employee to the nearest available network provider.

Your cooperation with this new program is appreciated and will support compliance with Workers' Compensation regulations and reduce excessive cost while at the same time confirming employees' continued access to quality medical care.

Sincerely,

**EMPLOYEE TRAINING ACKNOWLEDGEMENT FORM**

**EMPLOYEE NAME:**

\_\_\_\_\_  
LAST FIRST MI

**I acknowledge that I have received employee information material regarding the Workers' Compensation Managed Care Plan and that I risk losing my workers' compensation benefits if I do not treat within the designated provider network, subject to the order of the Commissioner.**

**EMPLOYEE  
SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_