

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
DIVISION OF LABOR AND MANAGEMENT
123 W. Missouri Ave. Pierre, South Dakota 57501
Tel: 605.773.3681 Fax: 605.773.4211 dlr.sd.gov

SELF-INSURED EMPLOYER'S PLAN FOR MANAGED CARE

Name of Applicant: _____

Use this form to comply with SDCL 62-5-21 and ARSD Chapter 47:03:04. Answer completely the following questions about your managed care plan. If more space is needed, use additional pages (identify your response with the question number). Any supporting documents should be attached to this application. If you have any questions about the information requested, please call 605.773.3681.

CONTACT PERSON Name: _____

Address: _____

Phone number: (____) _____ - _____ Alternate Phone number: (____) _____ - _____

ADMINISTRATOR

Day-to-day administrator of the managed care plan

Name: _____ Title: _____

Credentials: _____

MANAGED CARE PLAN

1. How will you provide employees prompt and convenient access to health care services as required by ARSD 47:03:04:04? Specifically, how will you make sure employees receive prompt treatment when they request treatment from the plan? What are your procedures for referring an employee to an outside medical practitioner when services are unavailable or are not reasonably accessible within the plan? How will you handle emergency treatment?

