SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

DIVISION OF LABOR AND MANAGEMENT

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SELF-INSURED EMPLOYER'S PLAN FOR MANAGED CARE

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?

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2.	How will you monitor the treatment and medical progress of the employee is following the treatment plan?	oyee, and make sure that
3.	How will you develop a plan for promptly returning an employee to wo	ork?
4.	What are your plan's internal dispute resolution procedures, including resolve complaints by employees and medical practitioners? How will decisions made by your plan and the procedures for disputing those decisions.	you notify individuals of
	decisions made by your plan and the procedures for dispating those de	2000013.
The a _l	pplicant, by its authorized corporate officer:	
•	care plans for workers' compensation;	-
•	Authorizes the department to audit or investigate the accuracy of any made in this application and related documents;	y statement
•	Agrees to assist the department in conducting the audit or investigati and	on;
•	Agrees to allow the department access to its place of business and to and record requested by the department.	information
has be	pplicant understands and agrees that if a material fact in this application of the managed care plan no longer meets the redministrative rules, the department may deny or may suspend or revolutions of the managed care plan no longer meets the redministrative rules, the department may deny or may suspend or revolutions of the managed care plan and the managed care plan agrees.	equirements of the law
the m	nanaged care plan under ARSD 47:03:04:11.	
Applic	cant Name (Print)	
 Signat	ture of Authorized CorporateOfficer	 Date

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