

# **Connecticut Managed Care Plan Summary of Employer Responsibilities**

Revised 2009

*The purpose of this document is to define the employer's responsibilities under this program.*

## **The employer understands and agrees to:**

- Complete the "New Employer Application Form" for each new insured.
- Confirm that the CT MCP will not be in any conflict with the collective bargaining agreement and, upon request by the workers' compensation commissioner, will submit copies of the collective bargaining agreements for review.
- Post a notice to employees outlining the Workers' Compensation Act in a conspicuous place at each employment center.
- Inform and educate employees in plain language of the provisions of the managed care plan specifically relating to how and where services are available and the penalty for treatment received outside The Coventry Integrated Network.
- Commit to ongoing communications with employees.
- Direct all employees to participating providers in The Coventry Integrated Network for non-emergency treatment and provide the injured worker with access to the directory, when requested.
- Immediately notify carrier or TPA whenever an injury occurs.
- Send the injured worker an Employee Notice, at the time of injury.
- Complete the "First Report of Injury or Illness" for every work-related incident within 24 hours.
- Implement a return-to-work program that involves alternate duty jobs as required for employers with more than 50 employees.
- Conduct a formal safety committee meeting on a quarterly basis for employers with more than 25 employees.
- Train its staff on the MCP to assist injured workers through the process.

## **I have reviewed and understand the above requirements.**

Employer: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_