

**RMWCP PREMIUM REDUCTION PROGRAM
DISCOUNT AUDIT 2015**

Please indicate your progress in the program by placing a check mark in the appropriate box.

RTW/DMP Program

COMPONENTS	ACTION REQUIRED	LEVEL OF COMPLETION				
		None	Some but Inactive	In Progress	Completed	Estimated Date of Completion
Designated Medical Provider	DMP selection from the State Selected DMP List has been made.					
	Selected Provider has been notified of selection and that you have a transitional duty program.					
	The DMP selection has been displayed where employees can easily see it.					
	WSI has been notified of your DMP selection.					
Written Policy/Procedures	<p>Written Policy includes:</p> <ul style="list-style-type: none"> I. Clear description of agency's commitment to accommodating injured workers with temporary transitional duties. II. Roles and responsibilities have been identified. III. Work-related incident (accident/illness procedure). IV. Transitional Duty Procedure <ul style="list-style-type: none"> 1. Guide on how claims are handled has been developed. 2. Tracking/monitoring of program has been outlined. 3. Transitional duties have been developed. 					

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Forms Required	Transitional job offer letter has been developed					
	DMP acknowledgement form developed					
Training	<p>Employees are being trained at the time of hire and annually on the following:</p> <ul style="list-style-type: none"> I. Purpose and benefits of the DMP. II. Roles and responsibilities III. DMP selection and employee options. <p>Training is clearly documented.</p>					

ADDITIONAL COMMENTS:

Please attach the following documentation:

FIRST YEAR OF PARTICIPATION:

1. DMP selection/acknowledgement form
2. Written Return-to-Work Policy

SECOND YEAR OF PARTICIPATION:

No additional documentation required.

AGENCY/FACILITY: _____

By my signature, I acknowledge and understand the outlined requirements of the program. Risk Management may audit each program annually to determine if requirements have been met. Audits may be performed at the discretion of Risk Management by phone, mail, internet or on-site visit.

Signature: _____ Date: _____