

Table of Contents

JOB DESCRIPTION – ORM-C800 4

Claims Adjuster 1 4

Claims Adjuster 2-4 6

INTRODUCTION– ORM-C801..... 9

SET UP NEW CLAIM FILE– ORM-C802..... 10

Litigated Claims..... 10

Non-Litigated Claims..... 11

Input in STARS..... 11

 General Input Instructions..... 11

 General Rules for STARS..... 12

 Litigation Claim Input (in STARS) 12

 Litigation Documentation – Miscellaneous 14

CASE MANAGEMENT – ORM-C803 16

 File Organization for Litigated Cases..... 16

 Investigate, request information, and follow the trial 17

 Hold discussions and obtain approval for settlement 18

 Make claim payments and monitor..... 18

 Subrogation Process..... 18

 Existing File Review and/or Transferred Files 19

CLAIMS PAYMENTS – ORM-C804..... 21

Paying Claims Invoices..... 21

 TrialNet

Paying Invoices on Closed Claims 22

Issue Settlement Check..... 23

 W-9 Requests 23

 Interest Calculations..... 23

Billing Adjustment Letters..... 24

Voiding Checks and Loss Refunds 24

Record of Corrections..... 24

DOA ORM Claims: Claims Adjuster 1-4-General Procedures

Stop Payment..... 25

RESERVES – ORM-C805..... 27

DIARY AND ACTIVITY REPORT – ORM-C806 28

Diary..... 28
 Initial Tasks/Reminders 28
 Diaries During and at End of Case 28

Activity Report..... 29

CONTRACTS – ORM-C807..... 30

Completion of Contract Performance Evaluation..... 30

Contract Diaries 31

Independent Adjuster..... 32

Experts 33

Contract Payments..... 33

Contract Amendments..... 35
 General..... 35
 Attorney Contract Amendments 36
 Approval Levels..... 37

RS 39:1524 Payments 37

Out-of-State Travel by Contract Vendor 38

Request for New Vendor Added to Rolodex..... 38

REQUEST FOR SETTLEMENT AUTHORITY (RSA) – ORM-C808..... 39

Non-Litigated..... 39

Litigated..... 39
 RSA’s Up to \$100,000 40
 RSA’s Over \$100,000..... 41

CLAIMS COUNCIL – ORM-C809 43

MISCELLANEOUS ACTIVITIES – ORM-C810 45

DOA ORM Claims: Claims Adjuster 1-4-General Procedures

Excess Carrier Notification..... 45
 Claim Initiation**Error! Bookmark not defined.**
 While Case is Open..... 45
 Closing the Case 46

Loss Prevention..... 46

Reservation of Rights..... 46

Future Medical Trust Files 47

ISO ClaimSearch for Bodily Injury Claims 47

Meetings..... 49

Letters/Memos Sent Under Commissioner’s Name..... 49

CLOSE AND REOPEN A FILE – ORM-C811..... 50

File Closing Checklist 50

Reopen Closed File..... 51

FileNet51

Adjuster ID.....52

Out of State Travel52

JOB DESCRIPTION – ORM-C800

Depending on the line of coverage an Adjuster is assigned to, some of the following duties may not be fully applicable.

Claims Adjuster 1

This is basic insurance claims adjusting and training work which involves further development of skills and techniques necessary to independently handle insurance claims. Claims processed are those covered under the self-insurance program which encompasses all types of multi-line property and casualty insurance coverage (property, auto liability, workers' compensation, medical malpractice, general liability, road hazards, etc.)

The position utilizes computerized claims processing system, extensive reference materials, forms and documents, comprehends and applies benefits provided in insurance contracts. Documents information and maintains necessary reports and files.

The person in this job performs the following:

- Receives and reviews notice of loss along with supporting documentation, verifies coverage and processes claim data in a computerized claims processing system.
- Performs investigations and acquires pertinent information necessary to validate insurance coverage and accurately apply benefits of insurance contracts.
- Contacts state agencies, claimants, medical facilities, etc., during claims investigation and evaluation process.
- Obtains recorded statements from injured party and witnesses, takes photographs and requests police reports.
- Requests and reviews medical reports, claimant reports, damage estimates, and medical bills and invoices to determine if items billed are related to the loss.
- Reviews claim forms and supporting documents to support establishment of claim.
- Assigns complex cases for referral to medical specialists, vocational rehabilitation specialist and/or consultants for expert opinions and evaluations.
- Reviews and pays invoices on computerized claims processing system.
- For some claims, may evaluate incoming requests for claim histories for staff physicians, resident interns and other healthcare providers who may be under contract with the State.
- Completely compares and verifies newly received information with existing records for possible matches and/or to establish a pattern of losses.
- Utilizes claims and legal modules to conduct computer queries for claims.
- Is responsible for requesting issuance of contracts to defense attorneys, contract adjusters, experts and other contract vendors, and monitoring them to ascertain that they are approved timely.
- Maintains current valid contracts, reissuing and amending as necessary.

DOA ORM Claims: Claims Adjuster 1-4-General Procedures

- Reviews contract vendor's bills for appropriateness and accuracy, adjusting any inappropriate charges, then approves and requests payment for services rendered.
- Prepares a claims history sheet for new claims utilizing detailed information gathered from existing computer records.
- Requires extensive knowledge of the claims process for the line of insurance in which working, whether medical malpractice, workers' compensation, road hazards, general liability, property, auto liability or auto physical damage and familiarity with computer codes which designate particular phases in the process.
- Coordinates a process to transfer information gathered on certain claims to appropriate entities that have an interest in the claim outcome. This may include copies of pertinent legal documents.
- Reviews diary on claim suspense to ensure timely processing of claims and payment of invoices.
- Reviews work of independent adjusters, rehabilitation firms and other professionals assigned to cases that may be under contract with the State.
- Processes requests for payments of related charges after determining if fees are reasonable and customary or unnecessary or unrelated.
- Sends notice to appropriate party if charges are unrelated to injury or damage loss or if the charges exceed the fee schedule.
- When handling workers' compensation claims, payment of invoices for medical services must be fee scheduled and processed for payment within sixty (60) days of receipt by this office. Otherwise, we can be faced with penalties and attorney fees.
- Obtains estimates for work to be done to modify homes and to purchase and modify vehicles for handicapped claimants.
- Establishes and monitors reserves on all types of claims and requests increases as appropriate as proper reserving of claims aid in premium development and have a direct impact on the state's fiscal liability.
- Meets with agency personnel, public and private officials as well as other professionals to establish and maintain daily relationships of a complex nature at the highest level requiring a high degree of tact and diplomacy.
- Provides information and advisory services to claimants with future medical care claims, workers' compensation claimants, caregivers, attorneys, vendors, nurse case managers, health care providers/networks and credentialing agencies. Goes on field travel required to accomplish some of these tasks.
- Refers cases involving the potential for salvage and subrogation recovery to the subrogation unit.
- Attends meetings and conferences as may be required for information regarding coverage and/or to obtain or assist in the current handling/closing process for a specific claim.
- Attends training/educational opportunities in order to gain additional knowledge and improve job performance.

- Engages in joint projects with the loss prevention unit and the underwriting unit, coordinating the activities in addressing and resolving problems in specific agencies and departments which have produced or could result in personal injury and/or property damage.
- Is ready and able to travel to any part of the State of Louisiana or elsewhere.
- Performs any and all other duties as assigned, which includes but is not limited to transfer/reassignment to other claims units.

Claims Adjuster 2-4

Adjusters 2-4 are in a training series and have the same job description.

This is a highly responsible advanced journeyman position dealing with the investigation and management of claims relative to any of the lines of coverage handled by the Louisiana Self-Insurance Program. This requires advanced knowledge of claims investigation, claims law, insurance coverage, civil and criminal law and procedures, court rulings and procedures, and medical terminology. Advanced training and experience in claims investigation and adjusting are required. It is necessary in the performance of these duties to be ready and able to travel to any part of the State of Louisiana or elsewhere.

The person in this job performs the following:

- Investigates, evaluates, and negotiates the most complex personal, casualty, and property claims.
- Performs field investigation tasks including but not limited to:
 - Inspecting an accident site
 - Developing facts of an accident from any physical evidence available
 - Taking photographs
 - Taking measurements
 - Inspecting vehicles for damages/defects
 - Making field notes
 - Making sketch drawings of accident scenes
 - Performing background checks on claimants
 - Researching agency documents
 - Obtaining recorded statements from claimants, witnesses, law enforcement officers, etc.
- Investigates, evaluates and resolves serious, complicated compensation and jurisdictional issues.
- Evaluates litigated and non-litigated cases involving but not limited to all levels of temporary, permanent, and/or multiple disabilities, future medical care payments, etc.
- Evaluates findings, prepares written report and makes recommendations toward further handling of the claim which would include settlement/defense if the case was in litigation.

DOA ORM Claims: Claims Adjuster 1-4-General Procedures

- Handles litigated and non-litigated files with reserves in excess of \$1,000,000 which include but are not limited to the following types of cases:
 - Catastrophic losses
 - Quadriplegia
 - Paraplegia
 - Double amputation
 - Brain damage
 - Total blindness
- Note: These coverages are mandated to be reported to Excess Carrier if applicable.
- Resolves unique coverage issues including cumulative trauma cases where coverage may involve multiple carriers or claims.
 - Provides notice and updates to Excess Carrier regarding any claim which may exceed the state's primary policy limits.
 - Handles litigation, prepares claims with attorneys for legal action, attends mediations and trials and testifies in court concerning the results of investigations conducted.
 - Directly supervises cases on appeal, Excess Carrier cases and second injury fund cases.
 - Identifies and refers cases involving salvage and potential subrogation recovery to the subrogation unit for handling.
 - Must maintain daily relationships of a complex nature with public and private officials at the highest level requiring a high degree of tact and diplomacy.
 - Oversees the rehabilitation of injured workers, working closely with the rehabilitation counselors in an effort to return the claimant to a gainful occupation.
 - Evaluates permanent partial and permanent total disability cases upon completion of the rehabilitation program to determine claimants' occupational ability and/or settlement value of the case.
 - Contacts treating physicians and/or arranges independent examinations of claimants with a medical specialist.
 - Assumes an active role in litigation management.
 - Maintains direct and constant contact with the assigned defense counsel.
 - Evaluates cases involving litigation, working closely with the assigned attorney in developing strategy, budget, etc.
 - Obtains legal opinions and case evaluations from defense attorney especially on cases requiring legal interpretation and/or posing major financial losses to the state.
 - Is responsible for analyzing, planning, and managing activities of counsel in determining responses to pleadings, motions, discovery, etc.

DOA ORM Claims: Claims Adjuster 1-4-General Procedures

- Authorizes the taking of necessary depositions of employees, plaintiffs, or expert witnesses.
- Supervises in the preparation of state employees for trial.
- Attends trials and offers defense counsel assistance and evaluates performance of counsel.
- Is responsible for requesting issuance of contracts to experts and other contract vendors.
- Is responsible for monitoring contracts for professional services and requesting amendments when necessary.
- Analyzes results of contracted services upon completion of work product.
- Works closely with defense counsel in determining plan of action and a litigation budget based upon complexity and exposure of case.
- Reviews bills received on all vendors providing contracted services for accuracy and appropriateness making adjustments as necessary, then approves for payment.
- Authorizes payment of benefits, damages, and/or judgments; this includes receipt of invoices, verification of services/equipment, etc.
- Consults with claimants and/or their attorneys concerning the possibilities of settlement of claims.
- Receives and reviews all bills associated with the claim, reducing costs as necessary and approving for payment.
- Coordinates claims through an exchange of information and/or by acting as a liaison with other state entities, e.g., social security, unemployment, retirement system, family security, police departments, group benefits, Office of the Attorney General, etc.
- Makes recommendations and participates in the development of policies and procedures for the claims unit. Assumes the duties of State Risk Adjuster 5 in his/her absence if authorized.
- Attends meetings and conferences as required for information regarding coverage and/or to obtain or assist in closing a specific file.
- Attends training/educational opportunities in order to gain additional knowledge and improve job performance.
- Performs any and all other duties as assigned.
- Adjusters, Supervisors and Managers are subject to be moved to another unit at the discretion of management

INTRODUCTION– ORM-C801

Claims Adjuster 1's, 2's, 3's, and 4's in the various departments perform some activities the same. The procedures are designed so that the activities that are in common are listed in this procedure. Activities that are specific to a specific unit because of the nature of the work performed are listed in each unit's specific procedures.

The unit procedures are numbered as follows:

- Workers' Compensation ORM-C200's
- Road Hazards ORM-C300's
- Transportation ORM-C400's
- Property ORM-C500's
- Medical Malpractice ORM-C600's
- General Liability ORM-C700's
- Subrogation ORM-C900's

SET UP NEW CLAIM FILE– ORM-C802

Responsibility

The assigned Claims Adjuster performs the following activities to set up a new claim file.

Forms or Reference Material Required

Appointment and Contract Approval form (g:\Claims-General\ORMtemplates)

Procedure

Litigated Claims

The Adjuster receives new lawsuits by email from the Supervisor and/or by a link to the file (lawsuit) in FileNet. The lawsuits have been scanned and are electronically transmitted to the Adjuster and Supervisor. It is necessary to log-in to FileNet to view the document.

Lawsuits should be processed immediately upon receipt. Adjusters should contact plaintiff attorney and request a thirty (30) day extension of time in which to respond to the lawsuit. A confirmation letter should be sent to the plaintiff attorney confirming the extension. Appointment and Contract Approval forms must be completed and routed to DOJ immediately upon assignment of the suit. In Special Instructions, note the status of the extension request.

Upon receiving a new lawsuit electronically, the Adjuster prepares the Appointment and Contract Approval Form (located in g:\Claims-General\ORMtemplates). This form and the lawsuit are routed to the Attorney General by email to *NSF-ORM@ag.state.la.us* (see Litigation Documentation – Miscellaneous section). Make sure that document is accurate and is only a one page document. Use save as Word 97-2003 to send to the AG.

After the adjuster sets up the claim file in STARS, for emailed lawsuits, he will complete a “Lawsuit Indexing Form” and submit it to IT in the scan room. (Form located on ORM Intranet Page) then the Scan Room will input the final information into FileNet and return the hard copy of the lawsuit to the adjuster.

- 1.Open claim in STARS
- 2Click print
- 3Click print custom letter
- 4Go to scanning forms folder
- 5Click scanning/index form and click print
- 6The form is automatically prefilled with the pertinent information
- 7Take form to IT scan room where IT staff will complete the indexing in Filenet.

Reservation of Rights Letter

to Agency should be sent Certified Mail, Return Receipt Requested for lawsuits alleging loss of wages and or benefits in employment liability claims. Letter should be sent no later than 30 days from receipt of the new lawsuit. See instructions.

Remember to update the litigation information in STARS timely.

Refer to individual unit procedures for initial claim set-up.

Non-Litigated Claims

Refer to individual unit procedures for initial claim set-up.

Input in STARS

General Input Instructions

The following instructions are applicable for entering claims into STARS

Login to STARS

Select Claims Manager

Click New on the Toolbar to create a new claim; select coverage

Enter the applicable information on the General Information tab for the claim.

Click on the Claimant Information tab.

Do not complete Claimant information screen. This screen will be populated from data entered into the Rolodex.

Click on the Rolodex button.

If the claimant has previously been entered into the rolodex, search for the claimant. Ensure the rolodex type is Claimant. Enter claimant's name in Payee Name field or Last Name field; click on Search. If name is shown, double click to open.

If the claimant is not listed in the Rolodex, enter it by following these steps:

- click the NEW button on the toolbar.
- choose "claimant" for rolodex type
- Enter the payee name as First name+ Middle initial + Last name for the claimant. NOTE: If claimant is a Jr. , Sr., III, or similar designation, enter First name, Initial and suffix in the First Name field (no punctuation), skip Initial field, then enter Last Name in Last Name field. For example, Malcolm C. Smith, Jr. is entered as follows: First Name Field - MALCOLM C JR Last Name Field - SMITH
- Enter the payee name as First name + middle initial + last name.
- The company name is optional.
- Save and close the rolodex.
- **Highlight** the rolodex and click OK.

DOA ORM Claims: Claims Adjuster 1-4-General Procedures

- The system will populate the claimant information into the claim from the saved rolodex.
- Information must be completed on the General Information, Claimant Information, Accident Analysis and Litigation Screens as appropriate.
- Save the claim.

General Rules for STARS

1. As soon as you go into STARS, turn your caps lock key on.
2. When you enter new claims, claim numbers will be automatically generated by the system and will consist of:
3. the last two digits of the fiscal year the accident occurred in + the letter denoting coverage (based on the coverage code you enter) + the month and day of the accident + the first two digits of the last name + a four digit counter assigned by the system + a suffix (if applicable).
4. Example: John Smith auto liability accident date 6/24/04 would be 04L0624SM0001.
5. No claim number changes can be made by adjusters. Only system administrators will be allowed to make claim number and coverage code number changes.
6. You will not set up excess claims. The system contains the self insured limits and the excess limits and can therefore distinguish when the excess kicks in. All payments from excess claims on Corporate Systems will be rolled in to the primary claim on STARS.
7. NOTE: As of July 1, 2005 there will be no excess coverage for GL, Auto, Road and Bridge claims. ORM is self insured up to five million (\$5,000,000) in self retention. Marine claims are insured by ORM up to one million (\$1,000,000).
8. For searches, claimant names must be entered Last Name, First Name, Middle Initial, (Suffix if appropriate), with no punctuation except the comma between the last and first names (Juniors, Seniors, III's are considered as part of the last name). For first party claims, the claimant name is the agency name from the location code table. If the claimant is a company, enter the company name exactly as it is, except, NO PUNCTUATION and ALL in the Last Name field.
9. Example: Malcolm C. Smith, Jr. SMITH JR, MALCOLM C
10. The cause and detail cause are required fields. Therefore, when you save a claim, you must complete the general information screen, the claimant information screen, and the accident analysis screen before you can save the claim.

Litigation Claim Input (in STARS)

For setting up litigated claim, complete the following as soon as possible:

1. Go to Litigation screen and input the following:
2. Litigation Flag "L, Non-litigated, Pro se"

DOA ORM Claims: Claims Adjuster 1-4-General Procedures

3. Litigation Number example: 09/12345 (JDC #/docket#) no spaces, letters, commas, dashes, or symbols
4. Case Caption Just as it reads on Petition, include state agency(s) named
5. Suit Date Filing Date
6. Service Date Date served upon agency or state
7. Legal Issue “005” (Liability)
8. Method of Settlement Mediated, Negotiated by ORM, Negotiated by defense counsel (to be input when claim settles)
9. Plaintiff Attorney Information by following these steps:
 - a. Click on Rolodex
 - b. At the Rolodex Type field, use dropdown list to choose “Plaintiff Couns”.
 - c. Enter plaintiff counsel’s last name in appropriate field, then click SEARCH button.
 - d. If no results, delete last name from field and enter complete name in “Payee Name” field, then click SEARCH button.
 - e. If search produces correct attorney name, double-click on it and the system will automatically fill in the Plaintiff Attorney Information.
 - f. If the Rolodex search produced no results, you must complete a Vendor Request Form and submit to Accounting. In the “Provider Type of Service” area, mark “Plaintiff Counsel/Record Only”. The information will be entered without a Tax I.D. number. Then, if and when we need to issue a check to the plaintiff attorney, obtain an original W-9 and request that accounting input the information prior to preparing the claims payment form requesting settlement check. Note: keep a copy of the completed Vendor Request Form in the claim file for future use.
 - g. ORM Accounting will maintain the following Rolodexes: Chk-Other; Chk-Legal; Chk-Investigate; Chk-Medical; Chk – Government; Chk-Plaintiff Counsel
10. As soon as data becomes available, fill in:
 - Answer date
 - Trial Date
 - Companion Claim
11. As soon as defense is appointed, add:
 - Defense Counsel Code “1,2,3, or 4”
 - Defense Attorney Name
 - Defense Attorney Firm
 - Defense Attorney Assign Date
 - Attach the attorney appointment received via e-mail:
12. The attorney appointment e-mail should be saved on d:\Attorney Appointments
 - 13. In STARS, attach the e-mail file by clicking on Attach, then Attach File.
 - 14. From drop down screen, choose D on ”CLIENT” D
 - 15. From D drive, select Attorney Appointments
 - 16. Select the document to attach
 - 17. Click on “Open” to attach file.
18. As soon as data becomes available, fill in “Suit Financial Information” fields:

- a. Initial Settlement Authority (ORM)
- b. 1st Settlement Offer (ORM)
- c. Last Settlement Offer (ORM)
- d. Plaintiff's Initial Demand
- e. Plaintiff's Initial Settlement Offer
- f. Plaintiff's Last Settlement Offer
- g. Future Medical Total Payout
- h. Amt. Recommended by Defense Counsel
- i. Amount Approved by Claims Council
- j. Amount Approved by DOJ
- k. Amount of Settlement/Judgment
- l. Payment/Settlement Method

* Make sure all above fields are completed before closing file.

19. Complete either:

State Level Court Information screen

1. District – JDC “01 – 41” (must be a two digit number)

2. Docket Number only

When data becomes available, add:

3. Trial Date
4. Verdict Date
5. Verdict Code
6. Appellate Court data
7. La. Supreme Court data

Federal Level Court Information screen

1. District – Federal “90– 98”
2. Docket – Federal Docket number only
3. Verdict Code

As data becomes available, fill in other fields.

Litigation Documentation – Miscellaneous

1. Lawsuit (petition) or an attorney appointment document (Appointment and Contract Approval form) to D:\drive - Adjusters usually receive new lawsuits as e-mail from FILENET. Place a note in STARS of location of petition.

Note: When preparing the Attorney Appointment and Contract Approval form on lawsuits involving allegations of civil rights violations, please type in the Special Instructions field: CIVIL RIGHTS ALLEGATIONS

2. To send a **“Request for Attorney Appointment”** and copy of lawsuit to DRL
 - a. From Outlook Inbox, click on “new”
 - b. Address e-mail to **NSF-ORM@ag.state.la.us**
 - c. Subject should be: “Request for Attorney Appointment”
 - d. Type in text as appropriate
 - e. Click on paperclip symbol if it appears on the screen. Otherwise, click on “Insert” at top of screen choose “Insert File”
 - f. Go to D:\ drive
 - g. Select “Attorney Appointment” folder

DOA ORM Claims: Claims Adjuster 1-4-General Procedures

- h. Select appropriate document
 - i. Click on "Insert". Document icon will appear on your e-mail
 - j. Click on paperclip icon again
 - k. Go to D:\ drive
 - l. Select "Lawsuits" folder
 - m. Select appropriate lawsuit (Be sure to download the new lawsuit/petition from Filenet via the search option creating a word document which can be attached to your email. Filenet cannot be accessed by DOJ.)
 - n. Click "Insert". Lawsuit icon appears on your e-mail.
 - o. Click on "Options"
 - p. Check "Request a read receipt" (this will notify you that your e-mail has been read).
 - q. Click on "send" to send the e-mail.
3. To Attach a Saved File to a STARS Claim:
 - a. Open claim in STARS
 - b. Choose "Attachments" tab
 - c. Click on "Attach"
 - d. Chose "Attach File"
 - e. Find saved file and highlight it
 - f. Click on "Open." File is now attached to claim.
 - g. Documents will now be scanned into FILENET to be stored. Note in STARS.
4. Go to Transactions screen and click on New Reserve; select "legal" for Financial Bucket; input appropriate Amount; save and close.

CASE MANAGEMENT – ORM-C803

Responsibility

Forms or Reference Material Required

Reservation of Rights letter in g:\Claims-General\ORM templates).

Request for Contract Expert/Consulting Services form

Commissioner of Administration Memorandum template (g:\Claims-General\ORMtemplates)

Subrogation Recovery/First Notice form (g:\Claims-General\ORMtemplates)

New Attorney Appointment and Approval form (g:\Claims-General\ORMtemplates)

Case Management Procedures

1. During the case as updates are received, update the hard-copy file, STARS, STARS Attachments, and perform any other updates as needed.
Complete STARS Litigation Tab upon notification of the attorney appointment.
Update STARS to reflect a demand and offer after authority is received from Claims Council.
Enter the date when defense counsel answers the petition.
Upon receipt of notification of the attorney appointment, ensure the assigned attorney has all documentation and is provided supplemental information.
Ensure the contact person for the named state agency is provided copy of notification so that he/she will know the name of the defense counsel.
Make sure all fields in the Litigation screen and the State or Federal Court data and verdict codes are complete before closure of the file.

File Organization for Litigated Cases

1. For claims, the following categories should be used to organize new files so that the closed file will be ready to be scanned into FileNet. As the case is worked and items are added to the file, ensure the file is set up with flags to locate significant items such as the Petition, Case Assessment, RSA, and Settlement documents. Organization of the file should be separated into the following sections:
 - General
 - Investigation
 - Photos
 - Medicals
 - Medical Billing
 - Legal
 - Experts

- Excess Carrier (GL, RH, Auto)
- Vocational Rehab(WC)
- OWC(WC)
- Second Injury fund(WC)
- Subrogation
- Panel Request(MM)
- Panel Submission(MM)
- Panel Decision(MM)
- Post Panel Suit(MM)
- Miscellaneous
- Payments

Investigate, request information, and follow the trial

1. Review petition and request all relevant information (incident report, investigation, and documentation) from the defendant agency.

Check court records for information on plaintiffs, where appropriate (this step performed by in-house adjuster or IA).

Perform complete investigation, submit a Captioned Report, and send to defense counsel and supervisor, as assigned.

Bodily injury claims require a search through the Index Bureau. See detailed instructions in Miscellaneous Section.

When a lawsuit contains allegations of contract matters or other non-tort issues, send a **Reservation of Rights letter** to the agency over the signature of the State Risk Adjuster, along with a copy of the petition **highlighting non-ORM matters**. (see Reservation of Rights letter in g:\Claims-General\ORMtemplates).

As the case proceeds, discuss the defense of the case with the attorney and assist in obtaining information needed to respond to petition, interrogatories, and requests for production.

Along with the attorney, decide whether experts should be hired; make request and obtain approval of the supervisor and/or manager for the request.

NOTE: The attorney will complete a request for the expert and include a curriculum vitae and fee schedule (see Request for Contract Expert/Consulting Services form).

Refer the case to Loss Prevention for review and prevention of future losses, as needed.

Discuss all decisions concerning settlements, cross claims, third party suits, and interventions with the supervisor (Adjuster 5) and/or Claims Council.

Any problems with attorneys not responding to repeated inquiries should be directed to Administrator-Claims by copy of email or letter request made to the defense counsel.

Hold discussions and obtain approval for settlement

1. Upon completion of investigation, hold discussions with attorney and/or supervisor to determine whether to settle or defend.

Discuss a Request for Settlement Authority with the supervisor.

Refer to current ORM settlement/payment authority amounts in the [Contracts Section](#). Settlements of \$25,000 or above require the concurrence of the Attorney General, forward a memo requesting concurrence to the Division of Risk Litigation.

Obtain supervisor approval of settlements above your authority.

Obtain the approval of the Commissioner of Administration and the Legislative Budgetary Committee for settlements of \$500,000 and above. Memorandum template is located in g:\Claims-General\ORMtemplates. Upon receipt of the memorandum from the Joint Legislative Subcommittee on the Budget, rendering approval, ensure that the document reflects the ORM date stamp. Include a note in STARS that reflects the date that the case was presented to the Subcommittee.

2. Refer possible subrogation to Subrogation Supervisor.

Make claim payments and monitor

1. Make payments of all bills associated with the file.
2. Payment to Subrogee Insurance Company- Obtain W-9, complete a vendor request form and submit to Accounting. The Insurance Co. must be added to our rolodex by Accounting.
3. Payment of contract attorney invoices through TrialNet instructions in C804. Ensure new vendors provide a W-9 in order to have a vendor assigned to Rolodex(see [Claims Payments –W-9](#)).

NOTE: All payments will be made according to the payment authority schedule.

Monitor all contracts issued for the claim file, including contract attorney, experts and IAs (see Contracts section).

Subrogation Process

The following steps should be taken by the handling adjuster and/or the supervisor as soon as they first become aware of a possible subrogation recovery due to the negligence of a third party.

1. On the General Information tab in STARS, enter “Y” in the Subro Flag field and list the Subrogation Supervisor ” as Subro Adjuster.
2. Send the Subrogation Supervisor the following information: completed Request for Subrogation Recovery/First Notice form (g:\Claims-General\ORMtemplates)

and a copy of all documents necessary to set up a dummy file in the Subrogation Unit (examples: Employer Report of Injury/Illness, police report, DA 2041, etc).

The Subrogation Supervisor will return a copy of the Request for Subrogation Recovery/First Notice form to the handling adjuster with the date of receipt and the subrogation adjuster's name. The subrogation adjuster, upon receipt of the new claim from the subrogation supervisor, will pull up the claim file in STARS, check the General Information tab and place his/her adjuster number in the "Subro adjuster" space.

Once the handling adjuster is finished with the original claim file and if the subrogation portion of this case is still pending, then he/she should route the original claim file to the Subrogation Supervisor with the File Closure form attached (g:\Claims-General\ORMtemplates). The Subrogation Unit will incorporate their dummy file with the original file. These files will be placed together and properly filed when the subrogation part is concluded. If the original file needs to be reopened for any reason while the subrogation part of the claim is still pending, then the original file will be returned to the adjuster/supervisor requesting it. This return request can be an email to the Subrogation Supervisor.

If the Subrogation Unit is able to recover 100% of the amount incurred on this claim from the adverse party then the Subrogation Supervisor will reimburse the Agency's deductible.

If a State Agency returns an ORM check to the Subrogation Unit, the Subrogation adjuster and/or supervisor will deliver the check to the original adjuster so he/she can determine the appropriate action. (Example: reissue because of wrong amount paid, wrong vendor, etc.)

Settlements - The claims adjuster, supervisor and manager can waive amounts up to his/her respective authority as long as the amount is not more than 50% of our interest. All claims staff must get authority to waive more than 50% of our interest in a claim from Claims Council. It will be the responsibility of both the original and the subrogation adjuster to present the claim to Claims Council.

Existing File Review and/or Transferred Files

This section describes activities to review an existing file and/or for handling transferred files. This section applies to units other than Workers' Compensation.

Transferring Adjuster:

1. It is the responsibility of the ORM adjuster transferring the claim file to ensure that the file is properly organized and tabbed in accordance with ORM policy and procedures, all bills are current, reserves are adequate, contract amendments and 1524's (refers to statute R.S. 39:1524) are processed, STARS Attachments are current and responses are made to all correspondence that predate the date of the transfer.
2. If a claim file is transferred from one adjuster to another, the receiving adjuster must thoroughly review the file. Any information, investigation, and/or documentation that is lacking will be the responsibility of the new adjuster.

3. If legal assistance is rendered by either a staff or contract attorney, notify DOJ/DRL and our Contracts Unit when a file is transferred to another adjuster, when the claim number is changed and particularly when the file is transferred from one unit to another.

File Review - Receiving Adjuster:

The receiving adjuster performs the following:

1. Read the petition.
2. Read the status reports and case assessments
3. Check reserve amount and see if it reflects the current status of the case.
4. Check legal tracking for appropriate codes.
5. Check to see if allegations warrant an Index Bureau or Excess Carrier report. If so, make sure that this was done.
6. Notify the defense attorney of your handling of the file and to direct all correspondence to you.
7. Request status/case assessment from attorney, especially if it has been more than 6 months since the last one was received.
8. When mail is received that requires work on a file, pull the file, complete the work, and record in STARS Attachments.
9. Make sure that legal tracking is complete and up-to-date.
10. Tab the file for easier access to key material.
11. Make note of reason for substantial changes in reserves.
12. Transfers Within Unit - If the case has an assigned defense counsel, by either a staff or contract attorney, notify DOJ/DRL and our Contracts Unit when a file is transferred to another adjuster, when the claim number is changed and particularly when the file is transferred from one unit to another.
13. For Transfers to Different Units, notify DOJ/DRL as above and the following:
14. Upon a file transfer, a contract amendment must be processed if handled by a contract attorney. In addition, complete a New Attorney Appointment and Approval form and route to DOJ/DRL and Contracts Unit (g:\claims-general\ORMtemplates). Under Special Instructions note: Case Transferred from "X" Unit to "Y" Unit and is Being defended by "Z".
15. Upon a file transfer to another unit, a contract performance evaluation form must be completed.

CLAIMS PAYMENTS – ORM-C804

Responsibility

While the case is open, the assigned Claims Adjuster performs the following to pay claims.

Forms or Reference Material Required

TRIALNET: Web-Based payment of contract attorney invoices

Claims Payment Forms:

Purple for IA bills under contract

Blue for non contract expenses to file

Approval Levels located in Contracts section

Judicial Interest Calculation Form

IA Invoice Adjustment Letter or Attorney Invoice Adjustment Letters (g:\Claims-General\ORMtemplates)

Void Check Request form (g:\Claims-General\ORMtemplates)

Record of Correction form (g:\Claims-General\ORMtemplates)

Stop Payment form (g:\Claims-General\ORMtemplates)

Paying Claims Invoices

Non-Contract Payments

Payments for expenses to the file are made via the blue Claims Payment Form.

Payment for copies of medical records, deposition fees, court costs are made on this form.

Contract Attorney Payments via TrialNet

TrialNet for Web-Based contract Attorney invoices

1. Log In: go to www.trialnet.com Click Member Log in link at top left
2. Enter User id and Password.
3. Click LA ORM link
4. To approve invoices, click on invoice number, review bill, click change status for pop-up screen to Update Invoice Status. Approved will default. Click the Change Status button to approve the invoice. To check for exceptions or to edit the invoice, click on that field and review.
5. To reject or Delete an Invoice, follow same steps in the Update Invoice pop up screen, click. Note: use Delete when the firm should make appropriate changes and resubmit. Use Reject only if you will Never approve any part of the invoice.

6. See TrialNet instructions for sending inquiries and assigning a 1524 number to an invoice.
7. Defense budgets must be submitted through TrialNet utilizing UTBNS litigation codes when previous estimates are no longer accurate. See billing guidelines for attorneys on ORM website.

Payments through STARS

1. Go into STARS to look up information on the claim.
2. If there are multiple invoices for the same vendor, total and verify the total amount. Attach the calculator tape to the back of the Claims Payment Form.
3. Complete the Claims Payment Form for the claim. Attach the invoice(s) and any other backup documentation.
4. Obtain claims approval for the payment in accordance with authorized limits.
5. Give the Claims Payment Form and attachments to the Group Benefits Program Assistant for payment.
6. If a check is to be mailed with an attachment sent to an address different from payee, indicate as “special handling” on Claims Payment form.

Paying Invoices on Closed Claims

Worker’s Comp Files

No payments should be paid on a file that is closed. The adjuster should pull the actual physical file and reopen it in STARS. If the file is to be closed again after the payment, then the payment request should be marked “pay and close”, if the payment is being made in house. If the payment is being made through Corvel then it will be the adjuster’s responsibility to close the claim after the payment has been processed.

Satellite Office:

If the closed file is in Baton Rouge, send the payment to the designated Administrative Coordinator (Laney Watkins) to have the file pulled. A supervisor will change the status to reopen, make the payment and close the file.

All other lines of coverage:

If the closed date is prior to the first day of the fiscal year, then the above procedure will be followed. If the closed date is within the current fiscal year then the payment may be entered. STARS will change the “Last Close date. As long as it does not cross a FY, then there is no problem.

Leave the status on the payment set to final when making/entering a payment/recovery on a closed claim. If the adjuster wants the claim reopened, he should instruct the clerk to change the status to open on the payment, otherwise it should remain as final. Entering a payment with an open status automatically reopens the claim. If a claim is reopened, meaning a transaction is entered with an open status, then the system will assume the reserves are equal to the paid

amount as of the close date. If a new payment is created with an open status, the user will have to adjust the reserves for the new payment amount.

Issue Settlement Check

1. Settlement authorization of over \$25,000 on litigated claims must have Attorney General's approval.
2. Prepare check as directed by court and/or defense attorney.
3. Ensure W-9 is received for plaintiff counsel.
4. Complete a Claims Payment Form. Ensure any signatures required for approval authority are obtained. Attach copy of W-9.
5. Verify name(s) for settlement check.

Picking up Checks from Accounting:

Any check to be picked up by a person other than approved Office of Risk Litigation representative (AG's office) must get approval from the Accountant Administrator, Accountant Manager, Assistant Director of ORM, or ORM Director. The only state employee that can pick up a check is a supervisor. No exceptions to this rule. If approval is given, then a Check Pickup Form must be completed, signed, and dated by proper authorities. Form is located in G:\Accounting

Once the form has been properly completed and signed by all parties, make a copy of the check and staple it to the completed Check Pickup Form; file in the Accounting Office.

W-9 Requests

For any settlement or judgment paid to the plaintiff and plaintiff attorney, the plaintiff attorney is required to complete a W-9. A W-9 on file is required for any vendor receiving payment.

1. Ensure that the defense attorney is informed that the plaintiff attorney must complete a W-9 and forward to the Claims Adjuster.
2. When received, forward the W-9 to the Accountant 1 along with payment request.
3. Accounting will not release the checks until a W-9 is received for the plaintiff attorney.
4. Attach the W-9 to the screen print of the completed transaction screen instead of a blue payment sheet.

Interest Calculations

Judicial Interest Calculation spreadsheet is located under g:\Forms\Judicial Interest Calculation form 2008.xls The interest rate, years of interest, and the amount of interest charged are required for judgments, settlements and for Judgments on Appeal report. The interest calculations are performed as follows:

1. Enter the following into the Judicial Interest Calculation Form. The Judicial Interest Calculation Form is an Excel form and provides the calculations when the following are entered:
 - Date of occurrence
 - Date service requested
 - Date judgment issued
 - Date payment to be made
 - Judgment amount
 - Claim number
 - Adjuster number

If the calculation is for a judgment to be paid, print out the final Judicial Interest Calculation Form with totals to be paid and retain a copy.

On the Claims Payment Form, enter the pay type code for the judgment and pay type code for interest so that one check can be written.

Billing Adjustment Letters

- If billing adjustments are required to reduce a contract payment, a notice should be sent to the contract attorney or independent adjuster. Use the IA Invoice Adjustment Letter or Attorney Invoice Adjustment Letters located in g:\Claims-General\ORMtemplates.

Voiding Checks

Checks may be voided only prior to distribution or if returned to ORM after distribution.

Void procedures prior to check distribution:

- Contact the Information Technology employee that prints the checks and advise the check number to be voided. (Void notation will be made on the check)
- Immediately, complete the Void Check Request form (g:\Claims-General\ORMtemplates) and deliver or fax it to the Accounting Unit to the attention of the Accountant 1. The form must be received in Accounting the same day as the check date.

Void procedures for returned checks:

- Complete the Void Check Request form with an explanation for the void and deliver or fax it to the Accounting Unit to the attention of Accounting Technician.
- Once the void transaction has been entered into STARS by Accounting, a replacement check may be reissued if necessary.
- The venter tax ID number must be included on the classification of receipt form. Funds received as loss refunds from a vendor need to be linked to tax ID when entered into STARS. This information is required for accurate IRS 1099's.

Stale Dated Checks

ORM issued checks outstanding over 180 days are considered “stale dated” and are no longer negotiable. Adjuster must follow up with payee to determine if the check should be voided and reissued or if the check should just be voided. A report listing checks outstanding over 180 days (sorted by adjuster) is prepared by Accounting and is posted daily on Outlook.

1. If the check should be reissued, process a Void Request and check Block 7, “Check Stale Dated to be reissued.” Enter an explanation in the space provided. After the void is recorded in STARS, the replacement check may be processed.
2. If the check should just be voided, process a Void Request with the appropriate reason checked. Since the check is not in hand, a detailed explanation is required.

A “Void Check” report will be e-mailed to adjusters each day that void checks are entered into STARS. This report will be positive notification that a requested void has been processed. Adjusters awaiting completion of a void transaction to reissue a check should review the report for confirmation that the void has been processed.

Record of Corrections

1. Complete the Record of Correction form for corrections including but not limited to:
 - Transfer payments from one claim number to another claim number
 - Correct pay types
 - When a bill is paid on the wrong claim
 - When the incorrect pay type has been used to pay a bill
 - Correct dates of service
2. Attach the appropriate screen prints for STARS.
3. Obtain supervisor approval and forward to Accounting.

Stop Payment

4. If a payment is determined to be “lost in the mail” and it is necessary to have the check stopped by the bank, complete a Stop Payment Form. The new form (in Excel) and instructions (in Word) are located under G:\Accounting\STOP PAY. To save a copy of the completed stop form for your records, choose file, saveas, rename the file, and save it to the drive you use for your files. Do not save your copy in the Accounting folder.
5. Attach a copy of STARS Transaction Screen where payment shows. File a copy with the claim.
6. Submit Stop Payment Form to Accounting to have the payment stopped.

7. When confirmation is received, check may be re-issued.

RESERVES – ORM-C805

Responsibility

The assigned Claims Adjuster performs the following activities for reserves.

Forms or Reference Material Required

Reserve Worksheet Guidelines

Eason's Louisiana Quantum Study

Procedure

1. For initial reserves, follow the guidelines in the unit for setting initial reserves based on the type claim. When the initial reserve amount exceeds the adjuster level, an email to the appropriate level of management should include the reason for the increase. Save the email as an attachment to the claim file. This will create an audit trail documenting the change in reserves. This note should indicate that reserves were increased/decreased to \$___because (give reason for reserve change; i.e. increased legal expense; injuries and exposure. proof of loss, etc.)
2. Evaluate reserves approximately 60 days after claim is set-up and whenever the case assessment is received from attorney.
3. When reserves are changed, note the reason in STARS Attachment field. (see #1)
4. After a review of statistical data for legal expenditures, the following will be the initial legal reserves that will be set on litigated cases that are assigned to DRL staff attorneys:
 - a. WC/Jones Act - \$5,400
 - b. CGL/Auto - \$8,100
 - c. Road Hazards/Medical Malpractice - \$10,800

5. Legal reserves on cases defended by contract attorneys should be initially set at \$20,000, unless contract issued at higher amount.

Increase reserves as required to cover expenditures, e.g., court reporter.

When notice is received from IT that reserves are low, increase reserves on those cases.

Under Reserved Report in STARS under the group: _CLAIMS. "Under Reserved Claims by Bucket" open by double click. Select print from the toolbar then select OK, then OK again. Enter your adjuster 4 digit number. Adjuster is expected to monitor reserve balances periodically and run report.

When closing the case, ensure that reserves match amounts paid out by calculating the amount of reserves entered against the payout.

DIARY AND ACTIVITY REPORT – ORM-C806

Responsibility

The assigned Claims Adjuster performs the following activities for diary entry and/or Activity Report updating.

Forms or Reference Material Required

Activity Report (used prior to STARS)

Procedure

The STARS Attachments feature is used to track claim activities.

Diary

Initial Tasks/Reminders

The assigned Claims Adjuster enters reminders and tracks the progress of the claim in the STARS Attachments tab.

1. Login to STARS
2. Click on Claims which will take you to the Claims Manager screen.
3. Call up claim by inputting Claim Number.
4. Go to Attachments tab.
5. Click on Attach.
6. Select New, then New Note.
7. For general notes not requiring a reminder, do not put in a note date. Save and close and STARS automatically attaches the note with today's date.
8. If a reminder is needed:
 - a. Go to Notes tab and input appropriate Note Date:
 - b. Enter description as appropriate (eg. 30 day reminder).
 - c. Enter appropriate Category: (eg. Claim Add Action – date claim is opened).
 - d. Input note text as appropriate.
 - e. Save and Close
 - f. If litigated claim, enter diary notes as follows:
 - 30 days for 'Has attorney been assigned?'
 - 60-90 days for 'Request initial case assessment from attorney.'
 - 60-90 days for 'Check reserves.'
9. If the claim is a non-litigated claim, diary for a month. See individual unit procedures.

Diaries During and at End of Case

1. Login to STARS.

CONTRACTS – ORM-C807

Responsibility

The assigned Claims Adjuster performs the following activities for contract work.

Forms or Reference Material Required

Case Information and Evaluation Form (g:\Claims-General\ORMtemplates)

Contract Expiration Notice First Request (g:\Claims-General\ORMtemplates)

Contract Performance Evaluation (g:\Claims-General\ORMtemplates)

Work Request Activity form

IA Assignment Letter (g:\Claims-General\ORMtemplates)

Request for Contract Expert/Consulting Services (ORM website)

Contract Balances Report (Excel spreadsheet in Outlook)

Contract Payment Form

Contract Amendment Request

1524 Pay Request Memo (g:\Claims-General\ORMtemplates)

Vendor Request Form (g:\Accounting\FORMS\Accts Revised Vendor Request Form.doc).

Procedure

The Contract unit of ORM will request initial attorney contracts at \$20,000 / 3 years upon receipt of attorney assignment from DOJ. A Copy of the contract will be emailed to the adjuster who will then attach in STARS. Note: if it is anticipated that a complex case will require more than \$20,000 / 3 years, the adjuster may request higher amounts with appropriate justification.

Completion of Contract Performance Evaluation

Contract Performance Evaluations must contain all information required by the Louisiana Administrative Code, Title 34, Part V, Appendix F and Louisiana Revised Statute Title 39:1500. Adherence to these laws and guidelines are addressed in the agency's audits.

A Contract Performance Evaluation Form template can be found on g:\Claims-General\ORMtemplates (most recent version). Revised 7/17/07

Information for Completing Fields:

1. Actual Amount Paid – the total amount paid under this contract. This information can be found in Outlook/Public Folders/DOA/ORM/Forms/Balance Summary excel spreadsheet. If using the Contract Balance Summary, hold down the control key and then depress the “F” key. In the find box, type the CFMS# or the claim number to go directly to your listing.
2. Actual Begin and End Dates – date of the first and last invoices. This information can be found in the claim folder or on the STARS Transactions tab.

3. Contract Cost Basis – Hourly rate at which the contract is paid.
4. Contract Modifications – these are Contract Amendments. The number of amendments and the reason for them are needed.
5. Description of Services – see form.
6. Deliverable Products – see form.
7. It is important to properly note the attorney’s performance when completing these forms. Note strong and weak points. “NO” responses to questions regarding performance do not rate a Satisfactory.

Contract Diaries

The Contract Diary is sent from the Contracts unit when the contract is almost due to expire for experts.

1. For an expert contract, perform the following:
 - a. E-mail a letter to the attorney handling the case notifying the attorney that the contract will expire.
 - b. The attorney determines whether the contract is to be renewed. If the contract is to be renewed, complete a Work Request Activity form. Obtain the supervisor’s signature to approve the request.
 - c. Complete a Contract Performance Evaluation for the expert.
 - d. Make a copy of the performance evaluation and the Work Request Activity form for the claim file. Forward the originals to the Contract Grants Reviewer Supervisor.
2. For attorney contracts, a notice will be emailed from TrialNet 90/60/30 days from the expiration date.
3. perform the following:
 - a. Pull up the Contract Expiration Notice First Request form from g:\claims-general\ORMtemplates.
 - b. Amend the form letter to include the date the contract will expire.
 - c. E-mail the form letter (Contract Expiration Notice First Request) to the contract attorney and Cc: the Contract Grants Reviewer Supervisor.
 - d. In the e-mail, attach Case Information and Evaluation Form which the attorney is to complete (g:\Claims-General\ORMtemplates). Make the due date for the evaluation one or two days prior to due date for sending to the Contract Grants Reviewer Supervisor.
 - e. Retain a copy of Contract Expiration Notice First Request for the case file.
 - f. If the contract is to be renewed, note on contract diary form. Obtain the supervisor’s signature to approve the request.
 - g. If the date for expiration of the contract nears without response from attorney, send a 2nd request letter to the attorney.
 - h. If there is no response from the attorney, email to Claims Officer and copy Supervisor and Manager advising that the attorney is not cooperative, note on the

DOA ORM Claims: Claims Adjuster 1-4-General Procedures

Contract Diary from contracts and return the Contract Diary to the Contract Grants Reviewer Supervisor

- i. If an attorney's contract is not being renewed, date and sign the Contract Diary and mark as 'do not renew.' Make a copy for the case file and send the original back to the Contract Grants Reviewer Supervisor.
- j. Complete a Contract Performance Evaluation. Obtain approval from supervisor. Forward original to Contracts Unit and retain copy for file.

Independent Adjuster

1. If an independent adjuster (IA) is to be used on a case, request the name of the IA who is to be used from the Claims Supervisor. Generally IA's are rotated and supervisors maintain a log.
2. An Independent Adjuster (IA's) is allotted a set fee amount for each time he is contracted.
3. Send the IA a full assignment letter (g:\claims-general\ORMtemplates) or e-mail that indicates items that are to be performed by the IA. Request the IA to contact you if needed recommended activities exceed assignment. Ensure the following are included:
 - Claimant
 - Claim number
 - Adjuster code
 - State agency
 - Location code
 - Date of loss
 - Case cap amount
4. Send a copy of the letter to the Contract Grants Reviewer Supervisor and to the agency involved. Maintain a copy of the letter in the file. Send the original to the IA.

 M. J. "MIKE" FOSTER, JR. GOVERNOR	State of Louisiana DIVISION OF ADMINISTRATION OFFICE OF RISK MANAGEMENT	 MARK C. CREWEN COMMISSIONER OF ADMINISTRATION
July 8, 2003		
Whiting & Associates ATTN: John Whiting Post Office Box 481 CrownWv., LA 70337-0481		
RE: Claimant: Claim No./Adjuster Code: State Agency/Line Code: Date of Loss: Contract Amt.:	Leslie Bary 036/0617BARY/CG10 68-LA-PETITE/5269 06-17-02 \$750.00	
Dear Mr. Whiting:		
The attached materials are forwarded to your company for the purpose of investigating and/or adjustments. Additional materials will be forwarded to you upon receipt. Until you receive further instructions you are authorized to perform the following tasks:		
<input type="checkbox"/> 1. Complete and return enclosed claimant data sheet within 30 days of assignment.		
<input type="checkbox"/> 2. Obtain recorded statements from our insured agency personnel and provide summary of same.		
<input type="checkbox"/> 3. Obtain recorded statements from claimant and provide summary of same.		
<input type="checkbox"/> 4. Obtain recorded statements from any other independent witnesses.		
<input type="checkbox"/> 5. Contact claimant's attorney to schedule a recorded statement and provide summary of same.		
<input type="checkbox"/> 6. Obtain medical and lost wage authorizations from all injured claimants.		
<input type="checkbox"/> 7. Take photographs of accident scene, if necessary.		
<input type="checkbox"/> 8. Get Police Report.		
<input type="checkbox"/> 9. Evaluate claim within 30 days of assignment, advise ORM of reserve amounts you deem appropriate.		
<input type="checkbox"/> 10. Give your recommendations on the claim.		
<input type="checkbox"/> 11. Other: Determine liability and please advise.		
<input type="checkbox"/> 12. Other:		
<input type="checkbox"/> 13. Other:		
If additional tasks are required or if you are unable to perform the activities we have requested within the limits set, your approval must be obtained from the adjuster for the additional work.		
In your reporting, please use the above claim number and desk location number. If you have any questions, please feel free to contact me at (225) 343-8512. Please acknowledge receipt of the claim, and keep us advised on the status of this matter. Thank you for your cooperation.		
Sincerely,		
Perry Buchanan State Risk Claims Adjuster/ General Liability Unit		
cc: Bonnie Fuller/Accounting Dept. Warren Thomas, LUL encls:0005		
POST OFFICE BOX 36062 • BAYTOWN HOUSTE, LA 77064-0605 (281) 344-8500 AN EQUAL OPPORTUNITY EMPLOYER		

contract providers. Place the adjuster name on the bottom of the W-9 prior to sending so that it will be returned to the proper adjuster.

6. Pull up claim in STARS. Check reserves. Add to reserves if needed. Refer to [Reserves](#).

Review the invoice as follows:

- Check the STARS Transaction tab to determine if it is a duplicate or contains overlapping dates. Review payments to same vendor, amount of payment and dates of service.
- If the invoice is a duplicate, discontinue process and dispose of the duplicate invoice.

2.If the invoice is not a duplicate, proceed with the following steps.

3.Go into Outlook in the public folders/DOA-ORM to the Excel spreadsheet Contract Balances Report. Accounting updates the spreadsheet every 2 weeks.

4.Open the spreadsheet. Select customize.

5.Type in the claim number and enter. All contracts for that claim number will be displayed.

6.Copy the following data from the spreadsheet onto the Contract Payment Form:

- Claimant Number
- Claimant Name
- Contract number – check the “provider” to determine if it is the provider for this claim.
- Invoice Date – date on the invoice or date on the statement if an invoice # is not available. When an invoice number is not available, you may use a statement number and the statement date. If neither are available, you may use the most current date of service.
- Invoice Number
 - a) Invoice number cannot exceed twelve (12) digits.
 - b) Account numbers and file numbers cannot be used because duplicate numbers won't be accepted by the system.
 - c) If space allows (twelve digits), use the five letters used in the claim number/invoice number or five letters of claim number/statement number.
 - d) If neither invoice number nor statement number are available, use five letters of claim number and most current date of service.
- Dates of service
- Tax Identification Number (TIN)
- Pay Type
- Amount paid on the attached invoice
 - a) Total amount must agree with tape attached to invoice and must be correct total of all lines in the amount column.
 - b) Coverage Code – necessary to enable process of determining the sub object #.

DOA ORM Claims: Claims Adjuster 1-4-General Procedures

- Provider (vendor) should be in the “pay to the order of” space
7. Ensure the dates of the invoices are within the dates of the contract. If not, divide billing so that amount within is billed separately from amount billed as R.S. 39:1524. For [1524's](#) see below.
 8. Make sure billing is all within the contract bounds, i.e., travel guidelines, at correct rates, no sales tax, etc. Review all charges listed and make appropriate adjustments and deletions.
 9. Total with a calculator. Attach calculator tape to the Contract Payment Form. Record the dates on Contract Payment Form. Invoices may be combined and paid as one payment with each totaled on tape and grand total for the payment.
 10. Initial and date the Contract Payment Form.
 11. If the invoice is for an Independent Adjuster (IA) or for Vocational Rehabilitation Services, perform the following:
 - Read through the IA report and verify requested tasks were performed and reported.
 - Use billing guidelines and fee schedule to ensure billing is within contract limits.
 - Update the STARS Attachments
 - Note: Generally an IA works on the case until notified not to continue work or until the case is completed.
 12. Note in Attachments in STARS that payment was made. To make an entry in STARS, list payment information in the following sequence:
 - Payee name
 - Invoice number
 - Total amount billed
 - Date of service for each pay type
 - Amount of payment
 - Any other pertinent information necessary for audit purposes
 13. Place the Contract Payment Form in the appropriate basket for Accounting.
 14. If the payment is for a final bill, ensure the Contract Performance Evaluation is completed. When the Contract Payment Form is returned, file in the case file.

Contract Amendments

General

If the contract needs to be renewed and most of the contract amount has been spent and more expenditure is expected, request from the attorney a budget analysis for expected expenses through the contract period. Attorney should download the budget into TrialNet. E-mail the amendment request to Contract Grants Reviewer Supervisor requesting amendment of the contract if the amount is within the adjuster authority level. The Contract Amendment Request lists the contract information, claim number, current period of the contract, and any outstanding invoices. For amendment requests above

adjuster level, forward email to the supervisory level equal to the required amendment amount. Provide a brief justification. Obtain required approval in accordance with the amount of the contract (see Approval Level table below. Make a copy of the request. Whoever approves the request forwards the request to the Contract Grants Reviewer Supervisor. If there are no problems in renewing the contract, a copy of the letter renewing the contract will be received from contracts. When the vendor signs and returns a renewed contract, enter any outstanding invoices for payment. Refer to Contract Payments above.

Contract Amendments over \$100,000 should utilize the 022708 format located on the Gdrive. Contract amendments for \$200,000 and above must be routed to the Commissioner's Office for approval. In these cases, the Adjuster must include a brief synopsis of the case along with the amendment request.

Attorney Contract Amendments

If you know on the onset of a lawsuit that we are going to need more defense funds than our normal contract (\$20,000), you can request contracts to issue the contract for a higher amount. A brief justification from the Adjuster will be necessary and will require approval from the appropriate level of management depending on the amount (See Approval Levels below). This request can be accomplished via email along with a copy being directed to ORM Contracts.

In certain situations, we can issue a blanket contract to a firm to handle numerous lawsuits arising out of the same situation. Check with the State Risk Administrator-Claims and the Assistant Director of Litigation management to determine if a blanket contract is warranted.

If defense counsel includes the estimate for legal costs through trial in the initial case assessment, the ORM Adjuster will request the legal contract be amended to that amount. The attorney's letter outlining the case and the defense costs will be attached as justification. Defense counsel may submit a letter outlining required legal defense costs as opposed to the previously required budget outline analysis.

General Memorandum Requesting Attorney Contract Amendment (up to \$100,000):

Email a memo to the highest level of management based on the amount of the total contract amendment. RE: section should be captioned as follows:

**RE: REQUEST TO AMEND LEGAL CONTRACT
CONTRACT NUMBER:
CLAIMANT:
CONTRACTOR:
CURRENT CONTRACT AMOUNT: \$
INCREASE CONTRACT TO: \$**

Body of email memo to read:

Attached please find a self-explanatory letter from the assigned defense attorney relative to the above captioned legal contract. To date ORM has paid \$_____

towards the defense of this claim. We are currently in possession of outstanding invoices totaling \$_____. In view of this information, we request that the contract be increased to the above captioned amount.

APPROVED BY:

Insert line, date, and title for the required signatory personnel

Attachments for Memorandum:

- Contract Amendments to \$30,000 may be authorized by an Adjuster IV. Adjusters I-III must obtain supervisory approval first. All amendment requests in excess of \$30,000 will follow the table of authority below.
- Contract Amendments above \$30,000
Any contract amendment request from \$30,001 to \$50,000 will require additional approvals per below along with the explanation outlining legal defense costs in the email memo.
- Contract Amendments from \$50,001 to \$100,000
Approvals per below in the email memo.
- **Contract Amendments \$100,001 to \$199,999.99**
These require paper memos with approval signatures per below. The memo must include a recent case assessment and justification letter from the assigned defense attorney for the additional legal costs. Retain hard copy of memo and supporting documentation in adjuster's file. Revised form on G drive as of 2/27/08.
- Contract Amendments \$200,000 and Above
Follow the same procedure for Contract Amendments above \$100,001. Requires approval of Commissioner of Administration.

Approval Levels for Contracts and Payments

Amount of Contract	Approval Required by ONLY those listed for each amount
\$0 - \$7,500.00	Adjuster 1
\$7,501.00 - \$15,000.00	Adjuster 2
\$15,001.00 - \$20,000.00	Adjuster 3
\$20,000.01 - \$30,000.00	Adjuster 4
\$30,001.00 - \$50,000.00	Adjuster 5 (Claims Supervisor)
\$50,001.00 - \$100,000.00	Adjuster 6 (Claims Manager)
\$100,001.00 - \$199,999.99	Adjuster 7 (State Risk Administrator for Claims), Assistant Director of Litigation
\$200,000.00 and above	Adjuster 7(State Risk Administrator for Claims), Assitant Director of Litigation, State Risk Director, and Commissioner of Administration

RS 39:1524 Payments

Sometimes a contract attorney performs work on a case prior to or after the dates of contract. Generally, the AG's office has called the contract attorney and requested that work begin prior to contract.

It is the Adjuster's responsibility to obtain the information necessary in order to amend the contract or request a renewal. In the justification portion of the 1524 memorandum, the Adjuster must state the reason for the delay and state whether a contract renewal is necessary.

1. When an invoice is received that is outside the contract dates, prepare a memo (form letter located in g:\claims-general\ORMtemplates\payreq1524.doc) requesting the 1524 and complete a Contract Payment Form.
2. The memo explains what happened and why you are asking payment by 1524 and is signed by the Claims Adjuster, the Claims supervisor, and the State Risk Claims Officer and is sent to General Counsel, DOA.
3. When the request is approved by the General Counsel, make copies of the Contract Payment Form, memo, and the invoice. Retain the copies and forward the Contract Payment Form, memo, and invoice to the Accounting Specialist Supervisor.

Out-of-State Travel by Contract Vendor

Generally out-of-state travel is undertaken by an attorney but may be by someone else. The same steps apply to any travel outside the state.

1. If the attorney on a case has to travel out of state to meet experts, take depositions, or perform other activities related to the case, the attorney's secretary generally makes travel arrangements. Contact approved travel agent and/or assist with travel arrangements as required.

When the travel arrangements are received, send an e-mail request to the State Risk Assistant Director. The request must include the claim number, name of the traveler(s), dates of travel, travel to and from what cities, and the cost of the ticket. If possible attach an electronic itinerary. If only a hardcopy itinerary is received, forward a copy of the hardcopy itinerary to the Accountant Manager 1 for file documentation to be used in the reconciliation of the monthly billing statement. When approved, the State Risk Assistant Director forwards the travel itinerary/plans to the Accountant Manager 1.

When approval for the travel is received, notify the attorney's secretary.

Make a hard copy of the emails showing the travel plans/itinerary and approval and file in the case file.

Request for New Vendor Added to Rolodex

1. If a new vendor is needed, request a W-9 from the vendor.
2. Complete the vendor request form (template located in g:\Accounting\FORMS\Accts Revised Vendor Request Form.doc).
3. Electronically attach W-9 to vendor form and email to Accountant 1.

TRIALNET

Attorney bills are approved for payment via TrialNet, a web based program. All contract attorney firms must sign up with TrialNet. Access TrialNet on the ORM Employee Intranet page. Each adjuster will be assigned an individual password.

Contract diaries will be handled through TrialNet. A notice will be emailed at the 90/60/30 days prior to the expiration date.

REQUEST FOR SETTLEMENT AUTHORITY (RSA) – ORM-C808

Responsibility

Upon receipt of RSA's, they must be reviewed for appropriate settlement approval. All RSA's should be handled as a priority. The IAT states that an RSA will be submitted 60 days prior to trial/30 days prior to any status conference at which it may be reasonably anticipated that settlement will be discussed by trial judge. A request for trial authority only must be submitted by RSA and submitted for review by the Assistant Director for Litigation Management.

Forms or Reference Material Required

DOJ ORM Claims Resolution Document (up to \$100,000) (g:\Claims-General\ORMtemplates)

Procedure

Non-Litigated

Settlement authority for non-litigated claims will follow the same process and levels of authority as with litigated. Settlement over \$25,000 requires concurrence by the Attorney General.

Litigated

All RSA's over \$100,000 should be submitted to the Assistant Director for Litigation Management for review and participation in Claims Council. Note date received and date routed to Joe in the upper right corner of the RSA. Upon receipt from ADLM, schedule case for Claims Council in the book and prepare 3 copies. o. If additional information is required, advise the Assistant Attorney General within the five day limit. The Request for Settlement Authority document and contents is not to be shared with representatives of any and all state agencies that we defend. The context of the defense counsel's analysis of settlement issues must remain with ORM and the Attorney General staff members. The agency representative may be referred to our defense counsel for further information.

DOA ORM Claims: Claims Adjuster 1-4-General Procedures

When an RSA is received and a decision is made, or if there are additional questions and/or information needed, email the appropriate parties in DOJ/DRL of the action taken on the RSA.

Refer to Authority Levels table in [Contract Amendments](#)

RSA's Up to and including \$100,000

The following policies and procedures are applicable to all in-house claims in litigation of up to \$100,000. The "DOJ ORM Claims Resolution Document (up to and including \$100,000)" must be completed and routed by the DOJ Staff Attorney to the ORM Adjuster **only after a consensus has been reached** as to the settlement amount.

Note: this document is located in g:\claims-general\ORMtemplates.

Settlement Process

1. The process is initiated by ongoing settlement discussions between the DOJ staff attorney and the appropriate ORM claims staff member.
2. During the course of these settlement discussions, the appropriate ORM staff member (depending upon amount of money being requested) and the DOJ staff attorney will consult with his or her Section Chief, or Office Chief if the case is handled out of a Satellite Office, and arrive at a proposed settlement amount to be discussed with the ORM Adjuster.
3. During the course of these settlement discussions, the ORM Adjuster will consult with the appropriate ORM personnel, if necessary, and the DOJ attorney to arrive at a settlement amount.
4. If a consensus is reached between DOJ Staff Attorney and ORM staff member as to the settlement amount, the DOJ Staff Attorney shall complete and route the "DOJ ORM Claims Resolution Document (up to and including \$100,000)" to the appropriate ORM staff member (adjuster, supervisor, manager) and Senior Executive Secretary (Wanda Hebert) via e-mail.
5. The ORM staff member with the appropriate authority level, shall date, make comments regarding the settlement, type their name on the approved line, save the changes to the document, then forward the executed Claims Resolution Document via e-mail to the the First Assistant Attorney General(John Siquefield), the LD/DOJ Deputy Attorney General(Rob Harroun), the appropriate Section Chief, the Office Chief if the case is handled out of a Satellite Office, the DOJ Staff Attorney and Senior Executive Secretary(Wanda Hebert). This process eliminates the need to print out the document, sign it , then fax it to DOJ. ORM claims staff should forward a copy of this document to their immediate supervisor for their productivity file. If settlement authority is granted by claims management, then they will forward a copy to the assigned adjuster for their information and claim file (or save as an attachment to claim file via STARS) A copy of the DOJ ORM Claims Resolution document for \$100,000 should be routed to Joseph Roussel, Assistant Director for Litigation Management.

RSA's Over \$100,000

Settlement Process

1. DRL Staff Attorney routes RSA to Section Chief for approval.
2. Section Chief will make recommendation and route the RSA to ORM. ORM adjuster will discuss the proposed amount with supervisor or appropriate ORM personnel. ORM receives RSA and routes a copy to Assistant Director for Litigation Management for all requests \$100,000 or above.
3. After review of the RSA he will note on it whether or not he wants to attend Claims Counsel or meet with Adjuster/Supervisor/Manager to discuss the case further.
4. ORM Adjuster presents case to appropriate level of authority.
5. ORM Adjuster will email DRL Staff Attorney, First Assistant Attorney General, Deputy Attorney General and Sr. Executive Secretary of disposition of RSA requested authority.
6. Sr. Executive Secretary will pull their file and route to Deputy Attorney General.
7. Deputy Attorney General summarizes and presents to First Assistant Attorney General for final authority.
8. After First Assistant Attorney General has made his recommendation, ORM is notified of authority level rendered by him. This authorization should be attached to the RSA in the claim file.

Note: If First Assistant Attorney General settlement offer is more than ORM's, then the ORM's governs. However, if at a later date, circumstances arise whereby additional authority is needed, then the Adjuster follows the required chain for authority.

1. **Authorization to waive a jury, or Stipulate to Liability** must be presented to Claims Council to include Joseph Roussel, Asst. Dir. for Litigation.
2. **Permission to pay a judgment** must be presented to Claims Council. Provide a copy of the judgment to Joseph Roussel, Assistant Director of Litigation Management,, when the request is made for claims council.
3. **Authorization to file an appeal, writ, or request for rehearing: A new RSA is not required.** The attorney should reference the date of the last RSA provided to ORM, provide a copy of the judgment, reasons and a summary of the issues involved, along with recommendations for taking an appeal or writ. The adjuster should discuss with supervisor/manager, who can authorize permission to the next judicial level. A copy of the judgment with reasons should be provided to Joseph M. Roussel, Assistant Director for Litigation Management. By email notify Joe with case name, claim number, amount of award, and what circuit the appeal would be filed. Copy the appropriate supervisor and manager. The supervisor/manager can concur on proceeding with the appeal/writ. If the defense counsel recommends that should NOT proceed with an appeal/writ, Claims Council approval will be required. A copy of the judgment and documentation of reasons should be provided to Joe for review prior to signing up for CC.

4. **Request to proceed to trial:** if settlement authority has been granted and our offer rejected by plaintiff, then the adjuster has full authority to advise our defense counsel to proceed to trial. A copy of the latest RSA or case evaluation should be provided to Joseph M. Roussel Assistant Director for Litigation Management at that time. Email the attorney with copies to Joseph M. Roussel, immediate supervisor and manager with case name, claim number, trial date, district court, and name of defense counsel.

5. **Permission to participate in mediation:** claims staff (adjusters, supervisors, manager, or officer) will have full authority to approve/disapprove participation in mediation as long as the settlement authority is within their respective settlement range. Mediation with more than one assigned attorney requires the pre-approval of the State Risk Administrator-Claims. Defense counsel should send an email requesting the authorization for attendance of additional counsel. The adjuster will be copied with the decision.
6. ORM has authority to settle all non-litigated claims up to \$25,000 without the authority of DOJ.
7. ORM shall exercise the right to negotiate a settlement up to \$25,000 for all claims in litigation after ORM has communicated with the assigned defense counsel and the appropriate LP/DOJ Section Chief of our intent to enter into settlement negotiations. If settlement is not achieved, then advise the DOJ staff attorney to proceed with the litigation activities.
8. Mediation should be scheduled only after settlement authority and authorization to mediate have been received.
9. Trial dates, Oral arguments in Appellate and Supreme Court should be emailed to the Executive Staff Officer for inclusion on the litigation calendar. Include case name and ORM number, JDC and Docket, Plaintiff and Defense counsel, date, time and location of trial, etc.

CLAIMS COUNCIL – ORM-C809

Responsibility

The assigned Claims Adjuster performs the following activities when a claim goes to claims council.

Forms or Reference Material Required

Claims Council Request (g:\claims-general\ORMtemplates

Claims Council Log

Settlement Request for Joint Legislative Sub-Committee (g:\claims-general\ORMtemplates)

Procedure

Generally claims go to Claims Council if any of the following are true:

- For settlement authority greater than \$100,000
- For exposure greater than \$100,000
- For a case asking for more than \$100,000
- Appeals/Writs over \$100,000 If the case might have major impact on future cases
- If there are problems with the attorney
- If the attorney wants to settle and the Attorney General's office does not agree
- Other reasons as determined by the Claims Adjuster and the Claims supervisor

Claims Council is comprised of the State Risk Administrator-Claims and 2 managers or supervisors who are not involved in the case.

1. When a Request for Settlement Authority is received from the attorney, complete the Claims Council Request form for the case. Sign the Claims Council Request Log, including your telephone number. Notify the unit supervisor of the status of the case.
2. Submit Claims Council Request to the State Risk Administrator-Claims by making an entry in the Claims Council Log.
3. The State Risk Administrator-Claims determines two supervisory personnel to participate in the Claims Council. The Assistant Director of Litigation-- reviews all RSA's above \$100,000, requests to proceed to trial, appeals, writs, requests to waive a jury and indicates if he/she wants to attend the Claims Council.
4. The adjuster will make an oral presentation to the Claims Council and participate as required answering questions and presenting the case.
5. Claims Council discusses the details of the case and determines if ORM agrees with the attorney or does not agree with the attorney. The Claims Council signs the Claims Council Request approving or denying the request recommendation.
6. If the attorney is a contract attorney and the case involves more than \$25,000, submit a copy of the signed Claims Council Request to the Attorney General's (AG's) office along with a memo giving the particulars of the case and asking for concurrence. The

DOA ORM Claims: Claims Adjuster 1-4-General Procedures

AG's office performs an assessment of the case and determines if it concurs and the amount.

7. If the attorney is a contract attorney and the case is for less than \$25,000, the AG's office does not have to concur.
8. Settlement at or over \$500,000 requires approval by Joint Legislative Sub-Committee on the budget. After Claims Council approval, complete form (g:\claims-general\ORMtemplates) and submit with typed Claims Council form and RSA to Commissioner of Administration for approval. Presentation by defense counsel to Joint Legislative Sub-Committee required. Adjuster is required to attend presentation. Eight (8) copies of RSA package must be submitted to contact person at the Legislature prior to sub-committee meeting. Upon receipt of the memorandum from the Budget Committee rendering approval, stamp date ORM receipt. Also, include a note in STARS that reflects the date that the case was presented to the Sub-committee.

MISCELLANEOUS ACTIVITIES – ORM-C810

Responsibility

The assigned Claims Adjuster performs the following miscellaneous activities.

Forms or Reference Material Required

Excess Carrier form letter (g:\claims-general\ORMtemplates)

Coverage Matrix for all Covered Agencies (g:\Claims-General\ORMtemplates)

Reservation of Rights letter (g:\Claims-General\ORMtemplates)

Future Medical information form (g:\Claims-General\ORMtemplates)

ISO ClaimSearch (BI Index) (<https://claimsearch.iso.com>)

Procedure

Excess Carrier Notification

Effective July 1, 2005 we do not have excess coverage on general liability, auto liability, personal injury and road hazard claims. Our limit is \$500,000,000. When the exposure of a case could exceed \$5,000,000 notify the Claims Officer by email with the case name, claim number, a brief synopsis of the facts of the case and exposure.

For claims received with a date of loss prior to July 1, 2005, refer to the following procedures for communication to the excess carriers on status of the case.

Refer to Coverage Matrix to determine the commercial insurance carrier for the level of insurance that could be impacted.

For claims with a date of loss prior to 7/1/06, when there was potential for high exposure on the claim, the Excess Carrier was notified by:

Pull up the form letter used for Excess Carriers. Modify for the claim as needed.

Send the letter with a copy of the petition to the Excess Carrier via certified mail.

Ensure that cases involving Excess Carriers are filed in **red** folder(s).

When the Adjuster notifies Excess Carrier of the potential excess claim, they should copy the defense attorney.

Go to appropriate field in STARS and indicate that Excess Carrier is notified and the notification date.

While Case is Open

1. Under the current guidelines, defense attorneys are required to provide ORM with an initial case assessment 60 days after receipt of the case and a more extensive case assessment six months after receipt of the case. The Adjusters are responsible for obtaining these assessments and forwarding to Excess Carrier for cases with a date of loss prior to 7/1/06.

2. Keep the Excess Carrier informed of developments of the case as required by the Excess Carrier. Request that the assigned defense attorney copy the Excess Carrier on any correspondence.
3. Excess claims payments are handled the same as non-excess files. Legal and expenses are paid under the primary claim.

Handle litigated and non-litigated files with reserves in excess of \$1,000,000 which include but are not limited to the following types of cases:

- Catastrophic losses
- Quadriplegia
- Paraplegia
- Double amputation
- Brain damage
- Total blindness
- Death

Closing the Case

Remove case file from red folder to go into closed files.

Reuse red folder if folder is reusable.

Loss Prevention

The adjuster should notify ORM Loss Prevention of any alleged defect that may be a safety hazard at any agency that may need correction. Loss Prevention Log in Gdrive under Claims-General-Forms. Note the relevant information on the log when a referral is made to Loss Prevention and upon receipt of the findings/recommendations. In addition, an email to Brett Beoubay, Loss Prevention Manager, is required for the referral. Email should include comments regarding your concerns. When assigned LP officer is named, meet and develop a plan for action.

Reservation of Rights

1. When a lawsuit has allegations that are not covered by ORM, such as employment liability wage issues, prepare a letter to the department head of the defendant State Agency. The letter contains plaintiff name, document number, JDC number, claim number, and a description of the coverage and what is not covered plus a copy of the petition with the non-covered items highlighted.
2. The ROR letter will be sent under the adjuster's signature..
3. Send the letter via certified mail to the agency director and copy the legal department of the agency and our defense counsel. Retain a copy of the letter for the case file.
4. A letter stating reservation of rights may be sent to an individual as well as to an agency unless the notification letter is prepared by DRL. Per R.S. 13:5108.1, the Attorney General reviews petition regarding allegations that may be criminal in nature against named employee defendant and makes determination to defend or deny defense.

DOA ORM Claims: Claims Adjuster 1-4-General Procedures



July 8, 2003

CERTIFIED MAIL
7099 3400 0007 6570 0900

Ms. Weegle Peabody
Executive Director
La. St. Board of Elementary & Secondary Education
P. O. Box 94064
Baton Rouge, LA 70804-9064

RE: Plaintiff: Henry G. Herford, Jr.
Docket #: 036690
JDC #: 197
Claim #: 02G/0604HERFO

Dear Ms. Peabody:

The Office of Risk Management provides a policy of liability coverage that was in force at the time of the alleged incident. It is our opinion that there are certain allegations contained in the above captioned lawsuit/claim which obligates this office to defend you under the policy.

There are, however, other issues that have been raised which are not covered by any liability policy provided by the Office of Risk Management. We do not provide coverage for wage loss, overtime, backpay, contractual obligations, or any related disputes including non-insured allegations.

You may wish to have your in-house counsel enroll as co-counsel to represent your interests on any non-tort matter, or should choose to do so, you may leave the entire matter to be handled by an attorney designated by ORM; however, we will not be responsible for any judgment which may be rendered on non-insured items such as contract amounts, back wages, overtime wages, or stipulated damages.

We attach the alleged allegations for your review.

Yours very truly,

Ann D. Wax
State Risk Claims Officer

ADW/jtb
Attachments

POST OFFICE BOX 84005 • BATON ROUGE, LA 70804-0005
(225) 342-8300 • Fax (225) 342-8418
AN EQUAL OPPORTUNITY EMPLOYER

- a. *Reservation of Rights example letter (g:\Claims-General\ORMtemplates)*

Future Medical Care Fund Files

The Future Medical Care Fund, governed by R.S. 12:5160, consists of such monies transferred or appropriated to the fund for the purposes of funding medical care and related benefits that may be incurred subsequent to judgment rendered against the state or a state agency.

When settlement is reached or final judgment is received, the adjuster handling the claim must notify the adjuster handling Future Medical Care Fund Files and provide him/her with the following information:

1. STARS Abstract
2. Copy of letter from handling adjuster to plaintiff attorney (explaining payment requirements & filing information)
3. Copy of judgment / settlement, to show lifetime maximum and percentage of fault
4. Brief description of the patient to include current medical status
5. Date of birth and Social Security Number
6. Medical records (if not in file, request copy from defense attorney.)
7. Completed Future Medical Information Form (g:\Claims-General\ORMtemplates)

ISO ClaimSearch for Bodily Injury Claims

An ISO ClaimSearch (BI Index) is performed on all bodily injury claims reported by the insured state agencies. Initially, enough information about the claimant may not be provided, therefore a BI claimant letter and medical authorization is sent to claimant to obtain more information. Upon receipt of the completed medical authorization form, the information on that form is used to complete a BI index. Performing an ISO ClaimSearch can reveal a claimant's history of filing claims, or if they have filed a claim with another insurance company for injuries similar to those filed with the ORM.

Steps for running ISO ClaimSearch:

1. You must be a registered user with a User ID and password in order to access this system on website <https://claimsearch.iso.com>
2. Enter User ID and password
3. Click on Claims Reporting
4. Click on Claims Submission. Office code will be default information. Enter claim number, date of loss, and policy number (should be unit plus fiscal year of claim, e.g. CG L2004-2205), click on Next.
5. Basic Information window opens. Select Injury and Role will default to Claimant. Then proceed to enter all information on hand about claimant, on this screen. When complete, click on Next.
6. The Injury window opens. The adjuster field defaults to the adjuster's name. On this screen you are asked to describe alleged injuries, enter claimant's occupation, and to pick the type of claim from the drop down menu (General Liability). Click on Next.
7. Then the Involved Party List window opens. There are three options: Add Insured, Add Other Party, and Previous.
8. Click on Add Insured. A lot of information is asked on this screen, but the only needed information is the name of the insured agency, its address and phone number. Click OK.
9. The Involved Party List window opens again with Add Other Party and Delete as the only options. Click on Add Other Party. The Involved Party window opens. In the drop down menus for Role, you can pick Doctor or Attorney and proceed to enter other pertinent information, such as address and phone number. When complete, click OK.
10. Then the Involved Party List window opens again. From here you can add more information by clicking on Add Other Party, Delete, Previous, or Submit.
11. Click on Submit if not adding another party. A pop-up window appears stating "You are about to add this record to the database. Continue?" click OK.
12. The Claim Submission page opens with the option to Add New Claim or View Reports. Click on view Reports, and any claims the system has on the claimant entered will appear in a report that can be printed. If there are no previous claims, only the ORM claim will appear. If there are other claims, they will appear based on what search method was used to find it (e.g. Date of Birth Search, SSN Search, Address Search, etc.)
13. If there is information reported by another insurance company that you are interested in obtaining, a Claims Inquiry Form can be completed and sent to that company requesting more information into the specifics about their claim.

Meetings

For big cases, status meetings may be held to discuss the case. Generally, the meetings are attended by the State Risk Director and/or State Risk Assistant Director, the Assistant Director for Litigation Management, DRL personnel, the attorney(s) handling the case, the Claims Adjuster, and the applicable Claims supervisor, and the Administrator-Claims.

1. Request a meeting through the Claims supervisor if the attorney is not responding in a timely manner or if there are other problems of concern with the case.

Request that the Assistant Director for Litigation Management review the case if there is a concern with the case.

Prepare for the meeting as required.

Take notes during the meeting.

Letters/Memos Sent Under Commissioner's Name

Use the following formats for sending letters/memos under the Commissioner's name

MEMORANDUM

TO: Division of Administration Sections

FROM: Angele Davis

Commissioner

DATE: March 8, 2004

RE: Letter/Memo Format

This memo is an example of formatting for memoranda sent out under the Commissioner's or Deputy Commissioner's name. The font is Verdana Ref, 12 pt., paragraphs are justified and the style is modified block ("**MEMORANDUM**" is uppercase, bold, underscored and centered). Subsequent pages should be numbered at page-bottom and centered. Computer-generated stationary or blue-seal stationary should be used for all memoranda.

CLOSE AND REOPEN A FILE – ORM-C811

Responsibility

The assigned Claims Adjuster performs the following to close a file.

Forms or Reference Material Required

Procedure

File Closing Checklist

Ensure the following are completed prior to closing a file:

1. The file contains a copy of the following:
 - Judgment of Dismissal or Denial Letter
 - Receipt and Release
 - (Minority Settlement Agreement)
 - Any other significant documents
2. Check the possibility and/or need for appeal.
3. All final bills are paid:
 - Attorney bills
 - Court Costs
 - Expert Fees
 - I.A. Bills
4. Review all screens for completion
5. Capture data in:ORM Initial Authority
6. ORM 1st Settlement Offer
7. ORM Last Settlement Offer
8. Plaintiff's Initial Demand
9. Plaintiff's 1st Settlement Offer
10. Plaintiff's Last Settlement Offer
11. Future Med Total Payout
12. Amount Recommended by Defense Counsel
13. Amount Recommended by DOJ
14. Amount ORM Approved
15. Amount of Settlement/Judgment
16. Payment code if check cut
17. STARS Closure when all fields completed:

- a) Find and select relevant claim
 - b) Select “Close Claim” from toolbar
 - c) Click OK
 - d) Close out attached notes.
18. Log closing activities in STARS Attachments. Make computer diary entry logging end of suit and closing information.
 19. Ensure Contract Performance Evaluation is completed for contract vendors, if applicable.
 - Complete a performance evaluation on any attorneys, experts, and/or independent adjusters who have worked on the case. Obtain the supervisor signature on the performance evaluation(s). Forward the original performance evaluation(s) to the Contracts Grants Reviewer Supervisor and retain a copy in the file.
 20. On the right side on the outside of the folder, write ‘Closed,’ the current date, and the adjuster code of adjuster closing the file.
 21. Ensure that it is filed in the Closed Files for the fiscal year closed.
 22. If structured settlement or other special case, mark outside of file accordingly, e.g., “Structured Settlement, Do Not Archive or Destroy.”
 23. If file is reopened then closed on another date, not the new closure date on the outside of the file folder.

Reopen Closed File

- Change status in STARS to open and adjust reserves
- Closed files remain in ORM for current year
- The State Archives retains closed files for 5 years
- E-mail Office Administrative Manager 2 to retrieve archived files. Supply the claim number and closure date.
- Make sure new closure date entered on outside of file.

FileNet

FileNet is an electronic file cabinet that will store new lawsuits, large attachments and well as all documents in closed files. A diary entry in STARS can document that large attachments for the file are stored in FileNet.

Large attachments to email can be scanned into FileNet. Forward the email with the attached documents to the scan room by following these steps:

1. Fill out the Request for Scanning Form
2. Save it to your computer.
3. Open the email with the attached documents to be put into FileNet.
4. Click “Forward”

DOA ORM Claims: Claims Adjuster 1-4-General Procedures

5. Type DOA-ORM-SCAN@la.gov in the “To...”field.
6. Attach the Request for Scanning Form located on the Employee Intranet Page.
7. Click Send

Confirmation will be received by email from the ORM Scan Room and are now accessible in FileNet under the claim number.

1. Open FileNet

Open Internet Explorer

Make sure Internet address is G:\intranet\index.html.

Click on FileNet icon. Type in user ID and Password used in LAN.

2. Open Search Screen

Search by document title as named when scanned in by IT.

Click on Search button at bottom of screen.

3. Search by Claimant/plaintiff name

In the box next to Claimant/Plaintiff/Provider, type in the name of the person whose file it is. Use the name on the scan request document.

Click on search on the bottom of the screen.

4. Search by Assigned To (adjuster’s name) same as above.

Selecting the Correct Document

1. Viewing Results

The search will result in any matches

2. Information Provided:

a. Title of Document

b. Assigned To (adjuster name)

c. Safety and Risk Management Type (tab it should be filed under in claim file)

d. Comments

e. Added On (date document was scanned)

f. Major Version (expressed as a number)

3. Making your Selection

There is usually only one document with the appropriate title.

If more than one document was scanned with the same title, look at the date in “Added On” to determine which document was most recent.

Click on the Title to open the document.

4. Moving to next/previous page

Use toolbar at bottom of page that shows the dark triangular arrows. You can move one page at a time, or go to the end or beginning of the document.

5. Viewing more than one page at once

DOA ORM Claims: Claims Adjuster 1-4-General Procedures

The toolbar shows pictures of rectangles and multiple rectangles that resemble page formats.

6. Zooming in and out

Click on the magnifying glass with the + or – to increase or decrease the size of print.

7. Rotating the picture

Use the toolbar to click on the rectangle with the pointing arrow to rotate the page either clockwise or counterclockwise.

Saving Documents to Your Computer

Downloading Documents

1. Using mouse, right click on the document title.
2. Select Download from pop-up menu.

File Closures Organization

Closed files should be organized into the following categories separated by designated tabs:

- General
- Investigation
- Photos
- Medical
- Legal
- Experts
- Excess Carrier
- Vocational Rehab
- OWC
- Second Injury Fund
- Subrogation
- Panel Request
- Panel Decision
- Post Panel Suit
- Miscellaneous
- Payments

New files should be organized with these categories. All closed files to be scanned into FileNet should have all staples removed prior to submission.

Adjuster ID's

DOA ORM Claims: Claims Adjuster 1-4-General Procedures

There is an adjuster ID number (4 digits) common to STARS, TRIALNET and E-ROSTER. This number is never assigned to another person. A deactivated number will retain the assigned adjuster's name for historical purposes. Corvel uses this number also. The adjuster number is OK to post and distribute. It cannot be used to log onto any system.

The Userid is NOT to be shared or posted. The Legislative Auditor will issue an audit finding if user ID's or passwords are written down or posted.

Out of State Travel by Defense Counsel

Attorney should consult adjuster prior to scheduling travel. Attorney can contact State travel agency for possible itinerary to be forwarded to Assistant Director for approval. Adjuster should include the following in email:

Case Name

ORM Claim Number

Cost of air fare

Type of ticket (refundable or non-refundable, explain)

Email address of travel agent

Purpose of trip

Destination

When did attorney become aware that trip was warranted

Upon receipt of the above, CBA travel approver will review and approve/disapprove, notify the travel agency and appropriate claims adjuster and accounting.

Any trip cancellations must be noted and accounting and assistant director notified.