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## **JOB DESCRIPTION – ORM-C300**

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 computer queries for claims.

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- 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.
- 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 parties 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 damaged 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 has 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 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.

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- 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 is in litigation.
- 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 claims are mandated to be reported to Excess Carrier

- 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.
- Determines 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.

## **DOA ORM Claims: Claims Adjuster 1-4 – Road Hazard**

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- 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.
- 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 agencies, 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.
- 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-C301**

These procedures include procedures performed by Claims Adjuster 4's, 3's, 2's, and 1's. Responsibility for each procedure is assigned.

Claims Adjuster 1-4'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 General Procedures, ORM-C800's. Activities that are specific to Road Hazard because of the nature of the work performed are listed in this set of procedures.

Road Hazard only defends Department of Transportation and Development (DOTD) for claims related to highways, bridges, tunnels or highway rights of way. The State is self insured up to \$5 million per occurrence for Road Hazards. Funding of settlements on these claims is appropriated through the Legislature.

## OVERVIEW OF ROAD HAZARDS – ORM-C302

### Responsibility

The Road Hazard Unit State Risk Claims (SRC) Adjuster 5 stays abreast of new laws and regulations involving the Road Hazard Unit and serves in a supervisory role of Adjusters 3 and 4 in the Road Hazard Unit.

### Forms or Reference Material Required

### Procedure

The State of Louisiana, Department of Transportation and Development became self-insured for Road Hazard Liability on July 1, 1988.

The Road Hazard Section is responsible for investigating, adjusting and managing claims against the Louisiana Department of Transportation and Development for damages resulting from the establishment, design, construction, existence, ownership, maintenance, use, extension, improvement, repair, or regulation of any state bridge, tunnel, dam, street, road, highway, or expressway.

Effective July 1, 1988 through June 30, 1989, limits of self-insurance were \$1,000,000, on a Claims Made Form (Louisiana Self-Insurance Fund, Road and Bridge Hazard Policy).

**NOTE:** "A claim by a person or organization seeking damages will be deemed to have been made when notice of such claim is received and recorded by the Office of Risk Management."

This policy was endorsed to provide a Basic extended reporting Period that starts with the end of the policy period and lasts for five (5) years for claims arising out of an "occurrence" reported.

The next layer of coverage for the policy period of July 1, 1988 through June 30, 1989 falls under the Louisiana Self-Insurance Miscellaneous Tort Liability Policy. This policy provides an additional \$4,000,000 umbrella excess in a claims made form. Any judgment, settlement or other obligation rendered for this period would require an act of the Louisiana Legislature for payment in excess of the \$4,000,000.00 umbrella policy. There is no retroactive date on claims.

Since July 1, 1989, limits on self-insurance were \$5,000,000 per occurrence and was written on an occurrence form. The first excess carrier policy provided coverage of \$20,000,000 in excess of the \$5,000,000 self-insured coverage and was written on an occurrence form. Multiple insurance carriers provided coverage of \$75,000,000 in excess of \$25,000,000 underlying, and some were written on claims-made forms up through June 30, 1997. These policies provided coverage for specified Road Hazards. Since July 1, 1997, all layers are now on occurrence forms.

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Road Hazard claims occurring before 7/1/88, are true uninsured claims, and are covered without limit.

Effective July 1, 2005, no excess coverage exists for Road Hazard claims.

## **SET UP NEW CLAIM FILE / CASE MANAGEMENT – ORM-C303**

### **Responsibility**

The assigned Claims Adjuster performs the following activities for setting up a new claim file.

### **Forms or Reference Material Required**

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

Petition (if litigated claim)

Extension letter forms (g:\Claims-General\ORMtemplates)

Acknowledgment letter (g:\Claims-General\ORMtemplates)

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

OCP letter (g:\Claims-General\ORMtemplates)

Cover letter (g:\Claims-General\ORMtemplates)

### **Procedure**

Note: If subrogation potential exists, refer to ORM-C800 General procedure – Case Management/Subrogation Process section

### **Litigated Claims**

The supervisor for the unit sends the assigned Claims Adjuster an e-mail describing the claim along with the petition for the suit. The e-mail includes whether or not an Independent Adjuster (IA) is to be used, the IA's name.

1. Review the petition. The petition may identify the plaintiffs, tell where the accident occurred, what vehicle was involved, and describe any alleged roadway defects.
2. Verify that the claim is for a state road.
3. Input claim in STARS following procedure ORM-C800 Adjusters 1-4 General – Set Up New Claim section.
4. Print out STARS abstract.

#### **Appointment and Contract Approval Form**

5. When the case is first assigned and the petition received, go into Microsoft Word and open the Appointment and Contract Approval Form.
6. Type in the following case information from the petition:
  - Name as it appears on the petition
  - JDC

- Docket number
  - Parish
  - Unit
7. Go into STARS and enter the plaintiff attorney name. Verify that the plaintiff attorney is listed as a vendor and has a vendor number.
  8. Enter 'Request' in vendor number blank on the Appointment and Contract Approval Form and make copy. Forward original to Contract Grants Reviewer Supervisor. The Contract Grants Reviewer Supervisor forwards to the Accountant 1.
  9. Enter plaintiff attorney information on the Appointment and Contract Approval Form.
  10. If the State Risk Director, Claims Manager, or Claims Supervisor has added a note on the petition, add to 'special instructions' on the Appointment and Contract Approval Form.
  11. Get the ORM Claim Number from STARS and type the claim number on the Appointment and Contract Approval Form.
  12. Type in the JDC/Suit Number using the judicial district before the slash and the suit number after the slash. For example, suit number 508022 in the 19<sup>th</sup> judicial district would have a JDC/Suit Number of 19/508022.
  13. Email the Appointment and Contract Approval Form and lawsuit (petition) to [NSF-ORM@ag.state.la.us](mailto:NSF-ORM@ag.state.la.us). See additional details in ORM-C800 Claims Adjuster 1-4 General – Litigation Documentation-Miscellaneous section.

### **Request for Extension of Time Letter to Plaintiff Attorney**

14. For state district court suits when a copy of the Appointment and Contract Approval Form and petition have been sent to DRL, contact the plaintiff attorney to request a 30-day informal extension time so that an attorney can be assigned to answer the petition. Contact the plaintiff attorney by telephone, by fax, or by letter. Send a form letter to the plaintiff attorney verifying the informal extension and have the plaintiff attorney sign the form and return it preferably by fax.
15. If the plaintiff attorney does not grant the informal extension or cuts the number of days of the extension, notify DRL immediately and send a copy of the confirmation letter to DRL.
16. For federal court suits or plaintiff attorneys acting on their on behalf (pro se), do not request the informal extension.
17. Refer to extension letter forms
  - g:\claims-general\ORMtemplates\30 day extension form letter(request).dot
  - g:\claims-general\ORMtemplates\30 day extension form letter(confirmation).dot
18. Have Supervisor search for report online. If not available, call traffic records at the State Police to see if they have a report of the accident. If the State Police do not have a report, obtain report from other source. When the police report is obtained:
  - Obtain BAC (if applicable)
  - Obtain police photos (if applicable)
  - ODR on drivers

## **DOA ORM Claims: Claims Adjuster 1-4 – Road Hazard**

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- ISO Index
19. As data becomes available, fill out the STARS Road Hazard Analysis screen.
  20. If the accident occurred on a state road and an IA is to be assigned, send a letter to the IA assigned by the supervisor. Include in the letter expectations for the IA which may include but might not be limited to:
    - Request for a copy of the police accident report
    - Pictures of the scene
    - Recorded statement from investigating police officer
    - Complaint records, maintenance records, and daily work records for the section of highway for 6 months prior to accident
    - If there are witnesses to an accident, the IA may be requested to obtain statements from the witnesses. See ORM-C800 Adjuster 1-4 General procedure – Contracts/Independent Adjuster section
  21. Prepare and send a packet to the IA.
    - IA Letter (Send copy of this letter to the Contract/Grants Reviewer Supervisor.)
    - Petition
    - Any other information pertinent to the case.
  22. Prepare documents for the Administrator Coordinator:
    - Copy Appointment and Contract Approval Form
    - Original petition
    - Copy of the 30-day informal extension letter
    - Copy of IA letter (if there is an IA assigned)
    - Hard copy print-outs of STARS Abstract.
  23. When reports are received from an IA, if the case is litigated, make a copy of the IA's report and all attachments. Send the original report to the defense attorney. Retain the copy for the file. If there is a large attachment from DOTD showing road maintenance, do not keep a copy since another copy can be requested from DOTD. If the IA report indicates that photographs were made of the accident, request 2 copies of the photos from the state police or from whoever responded to the accident. Forward a copy of the photos to the defense attorney and retain a copy.

### **Non-Litigated Claims**

DOTD notifies ORM by DOTD/ORM Report of Road Hazard incident form.

1. Send the Claim Form (hardcopy) to the claimant to be completed and returned.
2. File the incident form until the completed claim form is received.
3. When the completed claim form is received, perform the following if the incident IS NOT in a construction zone:
  - Enter the claim into STARS.

## **DOA ORM Claims: Claims Adjuster 1-4 – Road Hazard**

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- Send an acknowledgment letter (g:\Claims-General\ORMtemplates) to the claimant and request additional information if necessary.
  - Verify insurance coverage
  - Request DOTD records
  - Diary the claim for 30 days.
  - Update reserves if necessary.
  - Send IA assignment if applicable.
  - Make folder and file, pending receipt of requested information.
4. Perform the following if the incident IS in a construction zone:
- Enter the claim into STARS.
  - Call Engineering Tech 7 at DOTD to get project number (SPN).
  - Call Engineering Tech 3 to get copy of OCP Certificate.
  - Send OCP letter (g:\Claims-General\ORMtemplates) to contractor's insurer.
  - Send a cover letter (g:\Claims-General\ORMtemplates) explaining that claim is being referred to contractor's insurer. Copy claimant and DOTD General Counsel with OCP letter
  - When contractor's insurer responds to ORM, send a copy of the Road Hazard file to contractor's insurer with cover letter advising that the Road Hazard file will be closed.

## **CLAIMS PAYMENTS – ORM-C304**

### **Responsibility**

The assigned Claims Adjuster performs the following for paying claims.

### **Forms or Reference Material Required**

ORM-C800 Claims Adjuster 1-4 General – Claims Payments section

Non-Litigated Small Claims List - (g:\Claims-Road Hazards\Claim Information-Road Hazard\Small Claims for Legislative Appropriation by FY)

### **Procedure**

### **Paying Claims Invoices**

Refer to Claims Payments section – ORM - C800

### **Special Judgments/Acts Worksheet**

Road Hazards currently are not funded by the legislature. All road hazard claims have to be presented to the legislature and appropriations granted for any claims. Generally, consent judgment or in the case of a small claim, an agreement to settle, is reached such that the plaintiff agrees to accept an amount of money to settle the claim.

### **Procedures for Payment of Judgments/Settlements by Legislative Appropriation**

Until further notice, Road Hazards claims requiring payment due to settlement by consent judgment or final judgment must be paid by legislative appropriation.

1) Once a judgment is final, the STARS Legislative Appropriation field shall be filled in with the proper year. This field is found under the General Information tab. Offers and Judgment fields in STARS shall be checked for accuracy. All pleadings and judgments shall be clearly tabbed.

2) The adjuster shall bring the folder to the designated consent judgment adjuster who will create an appropriation folder. The support staff shall place copies of the following items in the consent judgment folder:

- A copy of the original petition.

- A copy of the judgment(s). (if the judgment went through the appeal process, copies of judgments at every court level should be included) This will include consent judgments as well as final judgments.

## DOA ORM Claims: Claims Adjuster 1-4 – Road Hazard

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- Orders and judgments setting costs.
  - Supporting documentation for any costs. A printout of the exact court costs will be necessary if costs are not specified in the judgment. Copies of Motions to Set Costs may also be needed.
  - Supporting documentation for any liens. This includes any documentation necessary to exclude a lien holder's name from a check.
  - Supporting documentation for adding/removing payees to/from a check. Former plaintiff counsel may need to be payees.
  - Any documentation to support or clarify unusual situations. Please have defense counsel provide this type of documentation whenever possible.
  - A copy of letter informing plaintiff counsel that he/she is responsible for presenting the judgment to the legislature for payment.
- 3) At this time, the designated adjuster shall create Receipts & Releases (where applicable), Satisfactions of Judgment and the appropriate cover letters. In cases requiring interest calculations, the adjuster shall leave the interest figures out until the exact pay date is known. \*\*\*NOTE\*\*\*- Any claims settled after November 5, 2008 should use the new consent judgment. This new consent judgment contains “hold harmless” language and therefore does not require a Receipt & Release.**
- 4) Completed payment folders shall be placed in the designated storage area.**
- 5) Once the appropriations bill is finalized, the designated consent judgment adjuster will match payment folders to corresponding house bills. Folders will be checked for accuracy and necessary supporting documentation.**
- 6) If folders are accurate and complete, Receipts & Releases (where applicable) and Satisfactions of Judgment will be sent to plaintiff counsel for execution.**
- 7) Once copies of executed documents are received, payment folders will be sent to OSRAP.**
- 8) OSRAP will review the folders for the proper documentation and check all calculations. If the file is complete and correct, a manual warrant will be completed and forwarded to Treasury along with the contents of the file. A manual warrant is simply a check request.**
- 9) Treasury will review the file for proper documentation and check all calculations. If the file is correct, a check will be cut and returned to OSRAP for disbursement.**

**10) Upon receipt of the check, OSRAP will contact the plaintiff counsel to determine whether the check should be mailed or held for pick-up. **Original signed Receipts & Releases (where applicable) and Satisfactions of Judgment must be returned before a check can be released.****

**11) OSRAP will return copies of all checks to ORM. Upon receipt of check copies from OSRAP, check copies will be returned to designated consent adjuster and Accounting. Accounting will enter payment information into STARS. Accounting will notify Claims upon completion of payment history at which time the designated consent judgment adjuster will close their files.**

### **Non-Litigated Claims**

Once settled, small claims are put on a list (g:\Claims-Road Hazards\Claim Information-Road Hazard\Small Claims for Legislative Appropriation by FY). At the end of the fiscal year, those claims are introduced on a legislative bill. The legislature appropriates the requested funds for those claims on the list.

1. When the agreement to settle is received, fill out the Claims Payment Form
2. Attach the worksheet to a copy of the agreement to settle.
3. Once appropriation is transferred to ORM, complete the Claims Payment Form, attach documents above and send for payment to the Group Benefits Program Assistant. See ORM-C800 General procedure – Claims Payment section.
4. Maintain a copy of documents, including original, for file.
5. After payment, close file.

### **Issue Settlement Check**

#### **W-9 Requests**

refer to ORM-C800 General procedure - Claims Payment section

#### **Interest Calculations**

refer to ORM-C800 General procedure - Claims Payment section

## **RESERVES – ORM-C305**

### **Responsibility**

The assigned Claims Adjuster performs the following activities for Reserves.

### **Forms or Reference Material Required**

### **Procedure**

ORM-C800 Claims Adjuster 1-4 General – Reserves section

## **DIARY AND ACTIVITY REPORT – ORM-C306**

### **Responsibility**

The assigned Claims Adjuster performs the following activities for diary entry and completing the Adjuster Activity Report.

### **Forms or Reference Material Required**

ORM-C800 Claims Adjuster 1-4 General – Diary and Activity Report section

### **Procedure**

#### **Diary**

**Initial Diary Entries**

**Diaries During and at End of Case**

#### **Activity Report**

## **CONTRACTS– ORM-C307**

### **Responsibility**

The assigned Claims Adjuster performs the following activities as needed for contracts.

### **Forms or Reference Material Required**

ORM-C800 Claims Adjuster 1-4 General – Contracts section

### **Procedure**

### **Contract Diaries**

### **Independent Adjuster**

### **Experts**

### **Contract Payments**

### **RS 39:1524 Payments**

### **Out-of-State Travel**

### **Request for New Vendor Added to Rolodex**

## **REQUEST FOR SETTLEMENT AUTHORITY - ORM-C308**

### **Responsibility**

The assigned Claims Adjuster performs requests for settlement authority as defined in ORM-C800 procedure.

### **Forms or Reference Material Required**

ORM-C800 Claims Adjuster 1-4 General – Request for Settlement Authority section

### **Procedure**

## **CLAIMS COUNCIL– ORM-C309**

### **Responsibility**

The assigned Claims Adjuster performs the following activities for Claims Council.

### **Forms or Reference Material Required**

ORM-C800 Claims Adjuster 1-4 General – Claims Council section

### **Procedure**

## **MISCELLANEOUS ACTIVITIES – ORM-C310**

### **Responsibility**

The assigned Claims Adjuster performs the following miscellaneous activities.

### **Forms or Reference Material Required**

ORM-C800 Claims Adjuster 1-4 General – Miscellaneous Activities section

### **Procedure**

### **Excess Carrier Notification**

### **Loss Prevention**

### **Reservation of Rights**

### **Meetings**

## **CLOSE A FILE – ORM-C311**

### **Responsibility**

The assigned Claims Adjuster performs the following activities for closing a file.

### **Forms or Reference Material Required**

ORM-C800 Claims Adjuster 1-4 General – Close a File section

### **Procedure**