

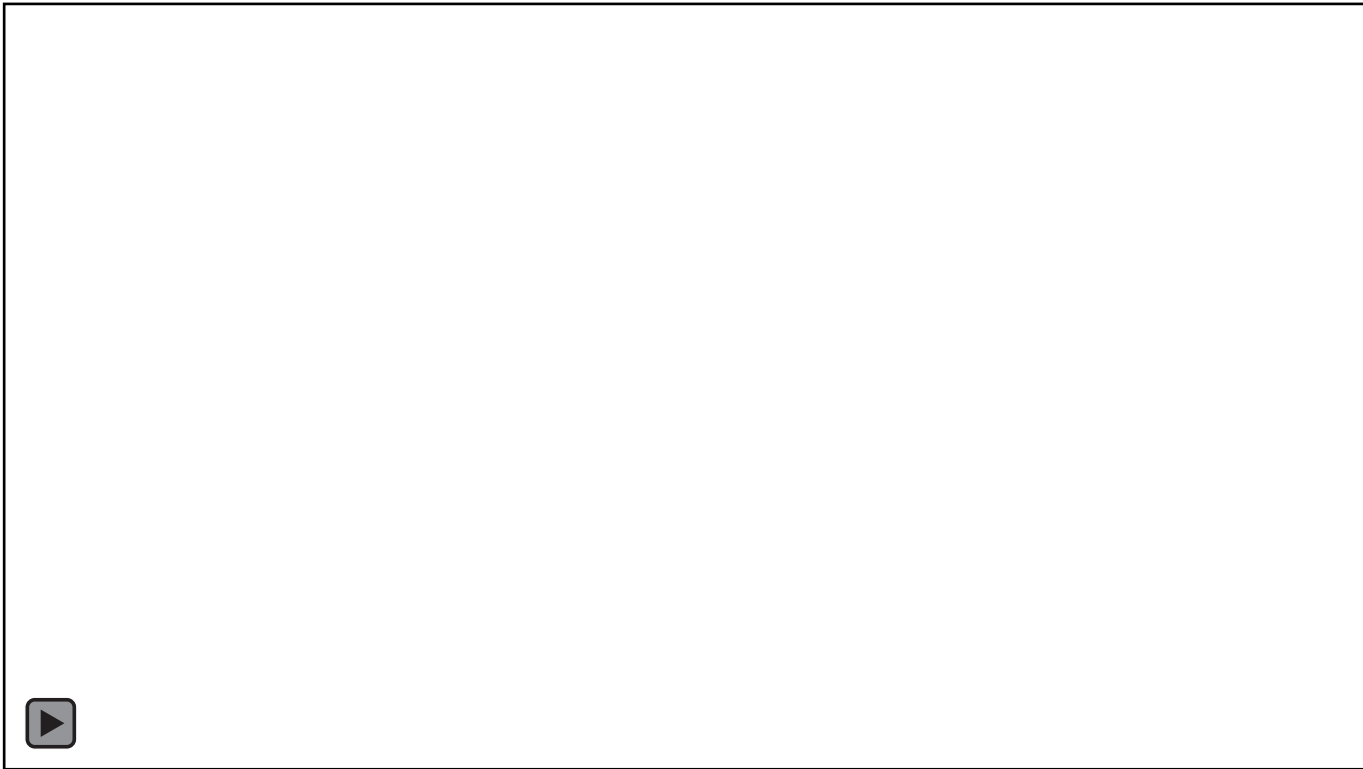
2024 Office of Risk Management Annual Conference

Sedgwick - Beyond the Bat



2024 Office of Risk Management Annual Conference

Sedgwick Video Presentation



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www.laorm.com



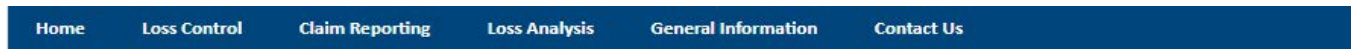
Office of Risk Management Annual Conference

Alexandria – April 9 & 10, 2024
Baton Rouge – April 23 & 24, 2024

more information to come

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Loss Prevention tab



New Safety Program Presentations

- Driver Safety
- Heat Stress
- Ladder Safety
- Personal Protective Equipment
- Slip, Trip and Fall

Loss Control Info

[State of Louisiana Loss Control Policy Statement](#)

[State Agency Self Audit](#)

[Video Library and Loan Policy](#)

[Safety Presentations](#)

[Forms](#)

[Loss Control Manual](#)

[Boater Safety Information](#)

[Frequently Asked Questions](#)

Loss Control Training

[Training Database](#)

[Division of Administration Training Courses](#)

[LP Training Schedule - Sedgwick CMS Eventbrite](#)

Loss Control Help

To Request Help from the Loss Control Team, call (225) 368-3500 or email us at

laorm.lp@sedgwickcms.com

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Claim Reporting Tab



Claim Reporting

Sedgwick's flexible intake platform has been rebranded "smart.ly" from Global Intake.

When a State agency, one of its employees or other party experiences a loss, the impact of a claim can be far-reaching. From the State's perspective this can mean lost productivity, strain on existing resources and increased costs. For a person facing a loss of property or injury, it can be an especially stressful and confusing time.

We are here to help.

The process starts with your timely reporting of an incident. Once an incident is reported the claims management process begins. Whether you are reporting a workers' compensation, liability, transportation or property claim it is important to provide thorough and accurate information to the Sedgwick claims professional assigned to your case.

Sedgwick is here to help you navigate the claims process from the first report of loss. To do this in the most effective manner it is important to promptly report a loss, and the details surrounding the situation, as soon after an incident as possible. Sedgwick is here to efficiently and effectively serve the needs of all parties involved.

Location Codes

To view the Location Codes, please click [here](#).

smart.ly Information

smart.ly is the new claims intake system.

[Introducing smart.ly](#)

[Apply for smart.ly access](#)

[smart.ly \(rebranded from Global Intake\) client reference guide](#)

[smart.ly \(rebranded from Global Intake\) Workers' Compensation presentation video \(32min\)](#)

[smart.ly help desk information](#)

Workers' Compensation Accident Reporting

Workers Compensation accidents should be reported to ORM through smart.ly using the link below.

[smart.ly](#)

[Submit Drug Test Results](#)
Enter claim number in subject line.

[Apply for smart.ly access](#)

General Liability Reporting

General Liability accidents should be reported to ORM through Global Intake using the link below.

[smart.ly](#)

[Apply for smart.ly access](#)

[Vehicle Glass Reporting Form \(proof of insurance and vehicle registration is required with the form\)](#)

Property Claim Reporting

Please complete this form and submit to Sedgwick via email or fax

[Property Reporting Form](#)

[Apply for smart.ly access](#)

[Disaster Recovery and Emergency Remediation Guide](#)

Medical Malpractice Claim Reporting

If you have a Medical Malpractice Claim, please contact Roberto Reyes at 225-342-1388 or via email at

Roberto.Reyes@LA.GOV

Transportation Claim Reporting

[Apply for smart.ly access](#)

[State Vehicle Damage Report Form \(DA2041\)](#)

[Aircraft Accident Report Form](#)

[Wet Marine Liability Passenger Injury Form](#)

[Wet Marine Liability Private Vehicle Form](#)

[Vehicle Glass Form \(DA2073\)](#)

[Marine Vessel Accident Report Form](#)

Road Hazard Claim Reporting

Road Hazards claims must be reported to the DOTD district in which the incident occurred. Please submit incident reports to

ORMRH@sedgwickcms.com.

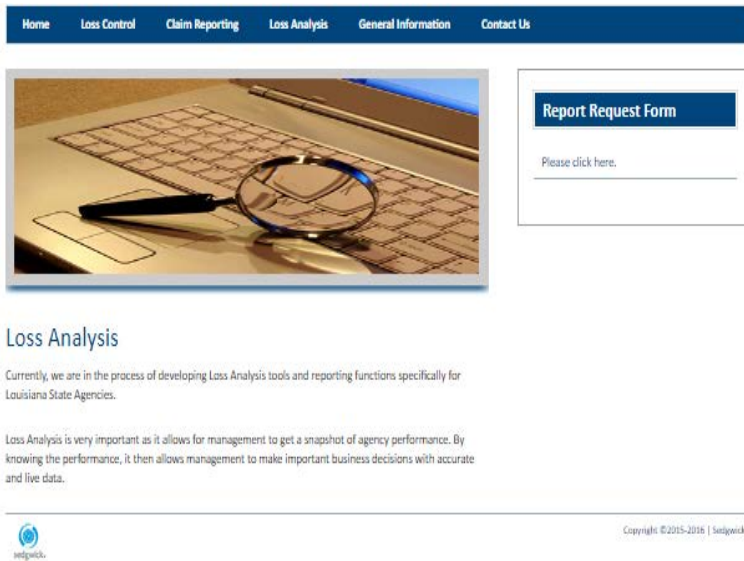
District 02 - (504) 437-3100
District 03 - (337) 262-6100
District 04 - (318) 549-8300
District 05 - (318) 342-0100
District 07 - (337) 437-9100
District 08 - (318) 561-5100
District 58 - (318) 412-3100
District 61 - (225) 231-4100
District 62 - (985) 375-0100

[Map detailing the DOTD districts.](#)

[DOTD Report of Incident.](#)

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Loss Analysis Tab



The screenshot shows a web application interface with a dark blue navigation bar at the top containing the following links: Home, Loss Control, Claim Reporting, Loss Analysis, General Information, and Contact Us. Below the navigation bar is a large image of a laptop keyboard with a pair of glasses resting on it. To the right of the image is a white box with a dark blue header that says "Report Request Form" and a link that says "Please click here." Below the image and form is the "Loss Analysis" section header. The text below the header reads: "Currently, we are in the process of developing Loss Analysis tools and reporting functions specifically for Louisiana State Agencies." Below this is another paragraph: "Loss Analysis is very important as it allows for management to get a snapshot of agency performance. By knowing the performance, it then allows management to make important business decisions with accurate and live data." At the bottom left is the Sedgwick logo, and at the bottom right is the copyright notice: "Copyright ©2015-2016 | Sedgwick".

Select the reports that you would like to receive:

- Monthly Claims Loss Listing (processes by the 3rd each month) – includes the following:
 - Monthly Pending Claim Report – All open claims
 - Monthly Opened Claim Report – Claims opened or reopened in the past month
 - Monthly Closed Claim Report – Claims closed in the past month
- Weekly Leave Buy Back Report – Payment report for injured employees receiving indemnity checks (processes each Sunday evening for prior week's payments)
- Other

Select the line of coverages that you want to receive:

- Workers Compensation
- General Liability
- Property
- Medical Malpractice
- Road Hazards
- Transportation

Today's Date: First Name: Last Name:
Email Address: Job Title:
Telephone Number: Address:

Your Agency's ORM 4 Digit Location Code(s) - To view an agency location code listing, please visit

<http://laorm.com/documents/lccodes.pdf>

List all D location/s if you need access to all underlying S and L locations under the D level.

List all S location/s if you need access to all underlying L locations under the S level.


Otherwise, if you don't need access to a complete D or S, show each L location you need access to.

Attach an extra sheet if needed


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<https://intake.sedgwick.com>

Login



sedgwick®

 Username

 Password

[Forgot Your Password?](#)
[Forgot Username?](#)

BEGIN

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Start Claim

START INTAKE

My Intakes

Resume Intakes

Cancelled Intakes

Show entries 10

Filter Results

CLAIMANT

CLIENT

LOB

INTAKE DATE

HANDLED BY

STATUS

ACTION

Showing 0 to 0 of 0 entries

Previous Next

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Choose Line of Business

Start New Intake

Filter Results

QUESTIONNAIRE NAME	DESCRIPTION	LINE(S) OF BUSINESS	ACTION
Auto Liability		Auto Liability	START INTAKE
General Liability		General Liability	START INTAKE
Property		Property	START INTAKE
Workers' Compensation		Workers' Compensation	START INTAKE

Showing 1 to 4 of 4 entries

Previous **1** Next

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Enter data

Workers' Compensation

* Required

Duplicate Claim Check

Loss Date *

03/01/2024

mm/dd/yyyy

Loss Time *

05:00 PM

Reported By *

I - Internet

Reporter Type *

Employer

SCR Note: Please do not file companion claims under different LOBs for this client.

Location Search

Ask for the Agency Location Code and enter it in the unit field to perform the search.

Account Name	Account Number	Unit Name	Unit Number
Address	City	State	Zip Code

SEARCH RESET SEARCH

05:00 PM

06:00 PM

05:00 PM

AM PM

DONE CLOSE

06:00 PM

AM PM

DONE CLOSE

...ve been filtered to only include those active on the Date of Loss provided

UNIT NAME	UNIT NUMBER	ADDRESS	CITY	STATE TEST	ZIP CODE	ACCOUNT NAME
10TH JDC	7810	P. O. BOX 775	NATCHITOCHE	LA	71458-0775	JUDICIAL DISTRICT COURTS (
11TH JDC	7811	P. O. BOX 9	MANY	LA	71449	JUDICIAL DISTRICT COURTS (
12TH JDC	7812	P. O. BOX 976	MARKSVILLE	LA	71351	JUDICIAL DISTRICT COURTS (
13TH JDC	7813	P. O. BOX 371	VILLE PLATTE	LA	70586	JUDICIAL DISTRICT COURTS (
14TH JDC	7814	P. O. BOX 3210	LAKE CHARLES	LA	70602	JUDICIAL DISTRICT COURTS (
15TH JDC	7815	P. O. BOX 3996	LAFAYETTE	LA	70502-3996	JUDICIAL DISTRICT COURTS (
16TH JDC	7816	300 IBERIA STREET, SUITE 350	NEW IBERIA	LA	70560	JUDICIAL DISTRICT COURTS (JDC) 64107800
17TH JDC	7817	P. O. BOX 231	THIBODAUX	LA	70302	JUDICIAL DISTRICT COURTS (JDC) 64107800
18TH JDC	7818	P. O. BOX 701	PORT ALLEN	LA	70767	JUDICIAL DISTRICT COURTS (JDC) 64107800
19TH JDC	7819	300 NORTH BLVD STE 3602	BATON ROUGE	LA	70801	JUDICIAL DISTRICT COURTS (JDC) 64107800


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Add photos

What is your email address to receive a copy of this report?

Comments/Remarks

File Upload


Choose File or drag it here

Please enter a file description

The following file types are supported JPEG, .JPG, .PNG, .DOC, .PDF, .GIF, .RTF, .TIF, .TXT, .DOCX.
Each file must be smaller than 6 MB.
All uploaded files cannot total 29 MB or greater.

Comments / Remarks

Please provide any additional information necessary.

Internal Comments

Employment Information

Incident Information

Injury Information

Hospital/Clinic Information

Witness Summary Information

Contact Information

Comments/Remarks

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Submit

Claim #: 4A2403KVWS30001

SUBMIT

CANCEL

SAVE

Closing Script

Claim #: 4A2403KVWS30001

Please use this number on any related correspondence.

Your examiner will contact you within 1 - 2 business days to further discuss your claim. Is there anything else I can assist you with?

Sedgwick Claims Management Services, Inc (992)
PO BOX 14775
Lexington, KY 40512
Email : 992wc@sedgwick.com
Phone : 844-717-5566
Fax : 859-225-2000

Thank you for calling Sedgwick.

Review - Workers' Compensation

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Save

Reported by:

Loss Date: *
03/01/2024

mm/dd/yyyy - Loss Date:

Loss Time: *
05:00 PM

Loss Time:

Reporter Type *
Employer

Select the most appropriate type from the list.

First Name *
Bryan

Please enter caller's first name.

Last Name *
Graff

Please enter caller's last name.

Work Phone Number
Phone Number Extension

Please enter the caller's work phone number.

Cell Phone Number

Please provide the caller's cell phone number, if available.

Caller Job Title

Reporter Information

- Client/Location Information
- Loss Location Information
- Employee Information
- Benefit State
- Employment Information
- Incident Information
- Injury Information
- Hospital/Clinic Information
- Witness Summary Information
- Contact Information
- Comments/Remarks

Announcements

- 05/17/2023 - eSupport only: Lawsuit claims will be sent with a coversheet to indicate the details of the claim. It is not necessary to pull claim detail...

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Conclusion

- Strategy
 - Decision Making
 - Competitive Edge
 - True Team Effort
 - Excellence across the Program and Partnership
- 