July 14, 2015

INSURANCE INFORMATION NOTICE NO. 2016-2

SUBJECT: THIRD PARTY ADMINISTRATOR CHANGE

Effective August 1, 2015, Sedgwick Claims Management Services, Inc. (Sedgwick), will administer the Louisiana Office of Risk Management's (ORM) claims and loss prevention services. Sedgwick is an industry leader in innovation and performance and will bring a wealth of resources to ORM's program.

The transition from FARA to Sedgwick should be seamless with no interruption of service (loss prevention audits, claims reporting and adjusting). Agencies will continue to report claims to FARA through July 31, 2015. On August 1, 2015, all claims and loss prevention, reporting and inquiries must be submitted to Sedgwick.

A user access form (Request for Login) is attached to this correspondence. The form is used to grant access to the Claims reporting and Loss Prevention systems. In order to migrate your agency representatives for Claims and Loss Prevention (Safety) to the new system, this form must be completed and returned no later than July 17, 2015. Complete and submit the form to ORM-HELP@LA.GOV by July 17, 2015, to ensure access to claims entry and agency reports. Reporting procedures and contact information for Sedgwick will be provided once these forms have been received and processed.

The dates mentioned in the transmittal are summarized below for quick reference:
- July 17, 2015   Deadline to submit user access forms to ORM-HELP@LA.GOV
- July 31, 2015   Last day to report claims and/or access FARA's claims system
- August 1, 2015   Claims and Loss Prevention Services transfer to Sedgwick

Contact Vickie Jones preferably by email at vickie.jones@la.gov or (225) 342-8421 for questions or further clarification.

REQUEST FOR LOGIN

Purpose and Directions – For Authorized State Employees Only! Complete this form to report Workers Compensation, GL or GL Prisoner claims or to gain access to your agency's previously submitted WC, GL, Property, Medical Malpractice, Road Hazards, and Transportation claims. Send completed form by email to ORM-HELP@LA.GOV or fax 225-342-8473.

Your login name and initial password will be emailed to you within   business days
Do not share your login info For login information or password resets please call 866-647-7610

Legal Notice - By applying for and using your assigned login credentials, you agree to not disclose the information presented on screens and in system generated reports to any other person without a clear need or right to know. Information within this system may be protected by Federal and State privacy laws. Before sharing any information about a specific claim, person, or event, check with your supervisor or the claims adjuster assigned to the claim

Select the system(s) that access is requested

Claim Capture – Internet Claim Reporting**:**   for Reporting Workers Compensation Claims only to ORM
for Reporting Workers Compensation, GL & GL (elevator) Claims to ORM
for Reporting GL (prisoner) Claims to ORM

viaOne – General Access & Loss Analysis: to receive monthly claim reports

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://doa.louisiana.gov/orm/PDF/ORMLocListing.pdf

List D location/s if you need access to all S and L locations under the D level.
List S location/s if you need access to all L locations under the S level.
Otherwise, list each L location you need access to.

D Location Level: Department Name:
S Location Level: Agency/Division Name:
L Location Level: Agency/Division Name:
Additional locations needed: (attach a separate list if needed)
LEVEL (D,S,or L) LOCATION CODE (4 DIGITS)   DEPARTMENT OR AGENCY/DIV NAME

Requested by ✍ _____   Check if you already have a Claims Capture login
(Signature of Person Requesting Access)   Check if you already have a viaOne login

Your Supervisor's Name: **Email:**
Job Title: **Telephone Number:**

Authorization: (system access must be approved by your agency's appointing authority) "I verify that the above named individual is currently employed at the agency listed and I authorize this employee to have the computer login access indicated. I understand that should this person leave the agency or is assigned to another duty station, I am to contact the ORM within one working day of the employee's change in status."

Authorized by ✍ _____   **Approved by** _____
(Signature of Authorized Agency Representative)   (Office of Risk Management) / Date

This section reserved for security use	(22) GROUP - LA State Agencies General Access Level
Verified by _____	
Audited by _____ on _____	ORM State Agency Version 2.9 (Valid as of 11/22/13)