

(Effective – July 1, 2016) Revised January 31, 2020

Client Instructions –Medical Malpractice Claims

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ORM Internal Authority Designation

Anna Pizzolato will be the primary contact person on all Medical Malpractice, MM Future Medical Claims. She will be responsible for handling the RSA process, approval of payments in excess of \$25,000 (*excluding payments to defense counsel made via Acuity/Trial Net*), request for an attorney appointment and request for reserve increases. If the request is above her authority level, Anna will route it to the appropriate person within ORM. Please copy Rita Major on all emails to Anna Pizzolato. If Anna is out of the office, Rita Major will handle your requests. Contact information is as follows:

Anna Pizzolato - (225) 342-0868- Anna.Pizzolato2@la.gov

Rita Major - (225) 342-6059 – Rita.Major@la.gov

April Williams - (225) 342-8509 - April.Williams@la.gov Medical Review Panel

Cynthia Troxclair - (225) 342-8442 - Cynthia.Troxclair@la.gov Credentials for doctors

GENERAL

Types of Claims

Incident – An occurrence at a hospital or medical facility reported to TPA by Quality Management/Quality Assurance Department. It can be escalated to a claim depending on the severity of injury and potential liability.

Amicable Demand- Correspondence from a patient or his/her attorney or representative requesting investigation of alleged Malpractice. TPA will set up claim and handle accordingly. No defense attorney is assigned. This is a non-litigated claim.

Medical Review Panel – This is a formal legal action. Panel requests are filed with the Medical Review Panel Office in the Division of Administration. ORM will request a claim number from TPA. Upon notification from the Panel Office that payment of the medical review panel filing fee has been received, ORM will request the appointment of defense counsel from the Attorney General. TPA will handle the claim accordingly.

Pre-Panel Suit – A lawsuit filed prior to the Medical Review Panel rendering its decision considered premature. ORM will request an attorney to obtain dismissal of the suit through the judicial district court.

EMAIL COMMUNICATION BETWEEN TPA AND ORM Always include the TPA claim number and the name of the claimant in the subject line. If there is a critical date or some urgency, flag as high importance and add in subject line such as “Trial date____ or Follow-up to RSA or Contract Amendment.

CLAIMS MANAGEMENT SYSTEM claim coding ORM Claim Number: The date of loss alleged in the panel request determines the ORM claim number. Two digit fiscal year (07/01/16-06/31/17) is 17, the number would be 17X two digit month and day of loss, first two letters of injured party's last name and 4 numbers assigned at random.

The claim is set up in the name of the injured party, coded as self, deceased, minor, other which could be parent, trustee, etc. Note should be made of the name of the filing party and the relation to injured party.

Location code (unit#) should be the four numbers at the lowest level of the facility named in the petition. Use the L number that corresponds to the facility, not the S number (Account#). The information is found on the provided excel spreadsheet; "ORM Master Location Listing – Effective X-XX-XXXX.XLS. This information is updated periodically as agency changes occur. Once claim has been set up, the location code or Unit # should not be changed without prior authority or request from ORM. Unit #'s 9990 through 9999 should not be used without prior authority from ORM.

RESERVES:

Initial reserves must be established within seven (7) calendar days of the receipt of the claim. Initial reserves are to be reviewed within 60 days after receipt of the claim as more is known about the claim.

ORM reserve authority is needed to increase reserves with a total incurred reserve of \$250,000 or greater. Subsequent reserve increases shall require approval by ORM. Email requests for reserve approval should reference "**damage reserves**", "**expense reserves**", etc. in the subject line.

Reserve requests shall be sent in the below format to assigned ORM supervisor and Rita Major for action. If the reserve request is above their authority, they will route it to the appropriate person within ORM for approval. Reserve increase requests and corresponding ORM approval shall be placed in the claim management system. A monthly report of all reserve changes and ORM authority must be submitted to ORM at the end of each month for auditing purposes.

Expense Reserves Request Template:

1. What is the current EXPENSE reserve?
2. How much of the expense reserves have we used?
3. How much do we have remaining?
4. What do we have to do going forward in the case? And how much is that going to cost through trial, settlement or mediation for example. (Explain if we have any outstanding invoices and the amounts).

5. Requesting Expense Reserve increase of..... based on the above for a combine total reserves of....

Loss Reserve Request Template:

1. What are the Alleged Quantified Damages? You can elaborate on specifics if necessary.
2. What is the estimated Insured's Percentage of Liability? You can elaborate on specifics if necessary.
3. **Exposure (Liability Percentage *Alleged Quantified Damages)= Damages Reserve Request**
4. **Combined total reserves**

Note: If reserve increases are needed for both the Loss reserve and Expense reserve, a single request can be submitted to include both requests. However, the subject line will need to reflect that the reserve increase request is for both Loss and Expense reserves.

ORM reserve authority is not required for the following reserve changes nor should these be included on the monthly reserve report:

- **A decrease in the reserve where the total incurred is over \$250,000.**
- **Funds are shifted from one reserve category to another, but the total incurred amount is unchanged.**
- **Reserve adjustments/reallocations that occur within the same month that results in no change to the total incurred amount.**

RESERVES RELATIVE TO FUTURE MEDICALS

ORM authority is needed to increase reserves with a total incurred claim reserve of \$250,000.00 or greater. Subsequent reserve increases shall require approval by ORM. Email requests for reserve approval should reference "**damage reserves**", "**expense reserves**", etc. in the subject line. Settlement/judgment documents must be attached to the reserve request. In the event that a reserve increase is needed for both the Loss and Expense reserves, a single e-mail can be submitted to include both requests. However, the subject line will need to reflect that the reserve increase request is for both Loss and Expense reserves

Reserve requests shall be sent in the format below to the assigned ORM supervisor and Rita Major for action. If the reserve request is above their authority, they will route it to the appropriate person within ORM for approval. Reserve increase requests and corresponding ORM approval shall be placed in the claim management system.

FM Loss/Damage Reserve Request Template:

1. What is the amount of Future Medicals granted? _____
2. What is the current DAMAGE Reserve? _____
3. How much do we have remaining? _____
4. Requesting Damage Reserve increase of \$_____ for a total claim reserve of \$_____.

FM Expense Reserve Request Template:

1. What is the amount of Future Medicals granted? _____
2. What is the current EXPENSE reserve? _____
3. How much do we have remaining? _____
4. Requesting Expense Reserve increase of _____ for a total claim reserve of _____.

RESERVES RELATIVE TO AG PAYMENTS ONLY

For the AG payments here is how we need to handle the 4 scenarios:

1. **Open** claims with current total incurred plus AG payment < \$250k
 - a. Do not enter the payment and send to examiner to review for reserve adjustment and enter payment manually
2. **Open** claims with current total incurred plus AG payment > \$250k
 - a. Do not enter the payment and send to examiner to review for reserve adjustment and enter payment manually
3. **Closed** claims with current total incurred plus AG payment < \$250k
 - a. Automatically update the reserve to cover the payment and then enter the HIS payment.
4. **Closed** claims with current total incurred plus AG payment > \$250k
 - a. Do not enter the payment and send to examiner to review for reserve adjustment and enter payment manually

MEDICAL RECORDS

The TPA examiner will request copies of all pertinent medical records upon receipt of the claim. The claimant's date of birth and Social Security Number or patient number are required to obtain the records. A request for this information should be made to the claimant or the claimant's representative. The TPA examiner or assigned nurse will evaluate the medical records or request a review/timeline from assigned medical professional. There should be no charge for records from state facilities. If there was treatment at a private facility then the defense attorney must request certified copies of these records. He will file a petition with the court to institute discovery and subpoena all pertinent records.

ECONOMIC DAMAGES

TPA will utilize an economic expert when necessary to evaluate the exposure to economic damages. The TPA will set up consulting services agreement with the expert identified by TPA and/or the assigned defense counsel when the case is in litigation. Economic damages are included in the \$500,000.00 cap in Medical Malpractice cases. This differs from the liability lines of insurance where economic damages are paid in addition to a general damage award limit of \$500,000.00

MEDICAL REVIEW PANEL OR PRE-PANEL LAWSUIT INSTRUCTIONS

Medical Malpractice Liability for State Service is governed by Revised Statute 40:1237.1. This statute must be pled in the request for a panel. The State Medical Review Panel statute is R.S. 40:1237.2

A request for review of a Malpractice claim or Malpractice complaint shall contain, at a minimum, all of the following:

1. A request for the formation of a medical review panel.
2. The name of the patient.
3. The name of the claimants.
4. The names of the defendant state health care providers.
5. The dates of the alleged Malpractice.
6. A brief description of the alleged Malpractice as to each named defendant state health care provider.
7. A brief description of alleged injuries.

ORM will receive the panel request from the Medical Review Panel Office. After review for possible open claim in CLAIMS MANAGEMENT SYSTEM, ORM supervisor will email the panel request to TPA and request TPA claim number, providing any special instructions. Claim is set up in CLAIMS MANAGEMENT SYSTEM. If the filing fee was not received with the panel request, diary claim for 45 days for follow-up. A closing notice will be sent from the Panel Office due to non-payment of fee. Claim is then closed.

After the TPA claim number and name of the TPA examiner is received, ORM will complete a transmittal to the Attorney General requesting assignment of defense counsel upon receipt of the filing fee. A filing fee of \$100.00 is required for each named defendant medical provider or medical facility. The fee must be received by the panel Office within 45 days of filing panel request to become a valid claim.

Such filing fee may be waived only upon receipt by the division of administration of one of the following: An affidavit of a physician holding a valid and unrestricted license to practice his specialty in the state of his residence certifying that adequate medical records have been obtained and reviewed and that the allegations of malpractice against each defendant state health care provider named in the claim constitute a claim of a breach of the applicable standard of care as to each named defendant state health care provider; or An in forma pauperis ruling issued in accordance with Code of Civil Procedure Article 5181 et seq. by a district court in a venue in which the malpractice claim could properly be brought upon the conclusion of the medical review panel process.

TPA will note their file of any non-state defendants and or facilities. A Patient's Compensation Fund Panel may be invoked for the private care providers. Also, it is possible a joint panel may be requested (La. R.S. 40:1237.3) Mentioned later on Page 10.

COVERAGE:

While the Medical Review Panel Office publishes a Certificate of Qualification it is not an absolute verification the named health care provider qualifies for coverage. The claim File Notes, SIR (Sedgwick's Storage Information Retrieval system) and/or Claims Council Review Form should memorialize who are the state health care providers and how they qualify for coverage.

Claims involving state contract health providers should have the qualifying contract in Sedgwick's SIR.

If it be determined the named health care provider does not qualify for coverage ORM should be notified. Sedgwick has no authority to deny coverage.

MEDICAL REVIEW PANEL TIME LINE

Date of filing.

45 days after date plaintiff's receipt of acknowledgment letter, filing fee is due.

90 days before the one year anniversary of the filing date a notice to remind claimant's counsel is mailed to inform all parties that the anniversary date is approaching and the attorney chairman must be appointed by that date or the file will be closed.

Prior to end of a year after the appointment of the attorney chairman's appointment, if claim is not resolved, an extension to the life of the panel should be obtained by defense counsel from the court and a copy sent to the Medical Review Panel Office as well as to the examiner.

Each court ordered extension to life of a medical review panel must be forwarded to the MRP Office.

The Medical Review Panel Office will also require notification of all dismissals and settlements.

MEDICAL REVIEW PANEL

FEE NOT PAID:

- 1) Set up claim.
- 2) Call plaintiff attorney and obtain date of birth and social security number.
- 3) Request medical records (2 copies: one for examiner and one for defense counsel).
- 4) Diary for payment of fee (45 days).
- 5) Receive closing notice from MRP due to non-payment of fee.
- 6) Close file. (No SF-8 is necessary since no DC is assigned in these cases)

FEE PAID:

- 1) Set up claim.
- 2) Call plaintiff attorney and obtain date of birth and social security number.
- 3) Request medical records (2 copies: one for examiner and one for defense counsel).
- 4) ORM supervisor will prepare transmittal request to Attorney General's Office for assignment of defense counsel which will include the attorney assignment sheet, all MRP documents.
- 5) Diary 30 days for receipt of defense attorney assignment confirmation.
- 6) Diary for one year for appointment of attorney chairperson.
- 7) Defense and plaintiff will agree on selection of attorney chair and will notify the MRP.
- 8) MRP will notify that individual as to his/her selection as attorney chair. Panel prescribes one year from MRP's official panel chair notification.
- 9) Defense and plaintiff will each make a selection of their physician panel member.
- 10) Those two physicians will select the third physician panel member.
- 11) Medical Review Panel meets and panel decision is mailed to all parties.
- 12) Pay panel fees (attorney chair and 3 physician members) if defendant wins the panel. Attorney chair fees cannot exceed \$3,000.00 and each panel member is paid \$300.00. A decision of MIF (Material Issue of Fact): panel costs are split with the plaintiff.
Joint panel: pro-rated amount paid by each defendant.

- 13) Diary for potential post-panel suit. The statute allows a ninety (90) day period in which to file a post-panel suit. This number can be increased by adding the number of days which remained in the initial prescriptive period when the panel request was filed.
- 14) ORM must authorize the waiving of the Medical Review Panel.
- 15) Once Panel decision is rendered and the panel proceeding is completed, defense counsel must submit an SF-8 to the assigned TPA Examiner.

INFORMED CONSENT R.S. 40:1299.40 has been repealed by the 2012 Legislative session. Act 600 and Act 759 will be provided in the packet. These acts create the Louisiana Medical Disclosure Panel within the Department of Health and Hospitals to determine which risks and hazards related to medical care must be disclosed by the health care provider to the patient or his representative.

DUTY TO WARN: R.S. 9:2800.2 psychologist, psychiatrist, therapists, and social workers limitation of liability when a patient has communicated a threat of physical violence, which is deemed to be significant against a clearly identified victim coupled with the intent and ability to carry out such threat.

JOINT PANEL R.S. 40:1299.39.2 establishes one medical review panel for state and private health care providers for the same injury or death. The panel shall be governed by the law applicable under both Parts of the statute unless a procedural conflict exists and the provisions of the private panel R.S. 40:1299.47 shall govern.

DISASTER PANEL During a declared state of emergency, disaster or public health emergency, the provisions of R.S. 40:1299.39.3 shall be followed. The statute became effective in 2008. It has not been used to date.

PRODUCTS LIABILITY If the Malpractice allegations include references to the malfunction of a product, such as a bovie, or broken catheter tip, consider advising our attorney to file a products liability claim. The damaged article must be preserved by the facility in order to pursue such a claim.

CREDENTIALS FOR DOCTORS (ABILITY TO SEARCH BY NAMED DEFENDANT)

Requests are to be forwarded to Cindi Troxclair <cynthia.troxclair@la.gov> As healthcare providers leave the employment of the State by graduation, completion of residencies/fellowships, or conclusion of contracts, it may become necessary for the Office of Risk Management to provide data to hospitals, clinics, medical groups, insurance companies, LSU Health Sciences Center, LSU Healthcare Network, etc. regarding claims in which these healthcare providers have been named in medical review panel requests or lawsuits. It is important to document the file with the date when the medical care provider has been dismissed, prior to the actual settlement of a claim.

This is done for consideration of hospital privileges, coverage by an insurance company, future employment opportunities, etc. In order to provide this information, it is necessary for TPA to be able to track the names of these healthcare providers and associate them with the claim in which they are named. ORM will need the ability to search over all claims for an individual named physician. A report is then prepared for response to the non-LSU Health Sciences Center requests and a different report is prepared if the request is made by LSU Health Sciences Center facilities. (Copies of these reports are attached).

REPORTS TO DATA BANK

The National Practitioner Data Bank (NPDB) was established through Title IV of the Public Law 99-660, the Health Care Quality Improvement Act of 1986. It allows Licensing boards, hospitals, and other health care entities to identify healthcare providers who engage in unprofessional behavior and to restrict incompetent healthcare providers moving from state to state without disclosure of previous medical Malpractice payments. It has been determined that TPA will be assuming the duty to report such healthcare providers for whom a settlement or judgment has been paid on their behalf. A copy of the reporting form is attached. TPA will be responsible for establishing an account with the NPDB in order to report healthcare providers that remain as defendants when settlement or judgment is paid.

CONSTITUTIONAL CHALLENGES TO STATE AND PRIVATE STATUTE

Lawsuits that include a challenge to the constitutionality of the PCF or State Medical Malpractice Statute will be handled by the General Liability Claims section.

SETTLEMENTS - General

A release and receipt must be secured on all bodily injury claims and third party damage claims upon settlement – Regardless of the amount of settlement.

- All settlement requests over \$25,000 must be approved by ORM and the AG.
- Settlement requests above \$250,000 require approval by ORM, the Attorney General and the Commissioner of Administration.
- Settlement Requests of \$500,000 and above require the approval of ORM, The Attorney General, the Commissioner of Administration and the Joint Legislative Subcommittee on the Budget.

SETTLEMENTS - NON-LITIGATED CLAIMS

TPA will have the authority to settle all claims up to and including twenty-five thousand (\$25,000) per claimant without the approval of the State (ORM or DOJ).

For settlements over twenty-five thousand (\$25,000) per claimant, TPA must submit a Settlement Evaluation Request to ORM for approval. Once ORM approval is obtained, the

Settlement Evaluation Form from TPA and the ORM approval must be forwarded to the Attorney General for concurrence. Copies of the forms were provided in the initial training. The Attorney General Settlement Concurrence Form for Non-Litigated Claims must be approved by the AG and attached in the file before Client Fund Authorization settlement check request can be approved by ORM.

SETTLEMENTS - LITIGATED CLAIMS

All litigated claims require the submission of an RSA and ORM approval. TPA will be notified in writing of the decision on the requested authority. All settlements over \$25,000 must be approved by ORM and the AG, above \$250,000 approval from the Commissioner of Administration, and if settlement authority is \$500,000 and above, the Joint Legislative Subcommittee on the Budget must approve.

CLAIMS COUNCIL:

- A “Settlement Evaluation/Claims Council Review Form” is required on all cases presented to ORM Claims Council.
- Settlement requests over \$200,000 require the approval of Claims Council at ORM. The TPA examiner may present the case in person or by telephone.
- Claims Councils will be scheduled on Tuesdays of each week except for emergencies.

- The following items require Claim Counsel approval with participation by Joe Roussel and written concurrence of the DOJ Senior Counsel to the Attorney General:
 - Requests for stipulation to liability
 - Requests to waive a jury trial
 - Authority to proceed to trial without any monetary authority
- If the settlement amount requires approval from the Attorney General or other parties, ORM will coordinate that approval process and notify TPA of the final settlement authority.

Medical Malpractice Claims have a General Damage Cap of \$500,000 which includes economic damages as well as general damages and past medicals. Future medicals and payment of medicals that occurred after the final resolution of the claim may be awarded in excess of the general damage cap.

CLIENT FUND AUTHORIZATION REQUESTS FOR SETTLEMENTS AND JUDGMENTS

- The file should be documented with the amount of each settlement check requested and the payee information.
- Each Client Fund Authorization Request should include the settlement/judgment payment authority documentation. Required for payments over \$25,000.00.

- Authorization is not needed for legal payments.

Client Fund Authorization Requests shall be sent to Anna Pizzolato for action. Please copy Rita Major on all Client Fund Authorization Requests.

SF-3 RSA Process

Upon receipt of an RSA, the TPA examiner will closely review the RSA to ensure that all important elements of the claim and the defense are thoroughly covered, as well as to ensure that all sections of the RSA are properly completed. Before submitting an RSA to ORM for processing, the following must be reviewed and including within the RSA:

Pleadings filed (including rulings on dispositive motions and/or Exceptions, and the effect on ultimate trial of this case)

Discovery completed

1. Written discovery;
2. Deposition(s) taken; include name of deposed, when deposed and summary of deposition and opinion of witness.
3. Subpoenas or subpoena(s) (Duces Tecum) issued;
4. Interviews/Witness statement(s); include summary of statement and opinion of witness.

Current Stage in the Proceeding (also note deadlines in any applicable case management schedule)

Evaluation of Liability (discuss theories of recovery, facts, law and jurisprudence)

State's exposure and Exposure of all other parties/persons
(Describe comparative fault of plaintiff, co-defendants, unnamed third parties and evidence to support same)

Experts (Both Medical and Non-Medical)

A. Plaintiff Experts

Name:

Specialty:

Short summary of opinion:

B. Client Experts (explanation needed if client expert not listed)

Name:

Specialty:

Short summary of opinion:

C. Co-defendant Experts

Name:

Specialty:

Short summary of opinion

Pretrial Motions and Evidentiary Issues (list each motion you anticipate being filed before trial, including motions in limine and Daubert motions, and indicate any evidentiary problems that may affect the outcome of the case)

Strengths and Weaknesses of a Trial of this Matter (these need to be discussed separately)

Damages (Describe each element of plaintiff's damage claim and the evidence to support or contradict same, including but not limited to opinions of treating physicians and IME. If multiple plaintiffs, list claims of each separately. Provide information regarding treatment of injuries)

A. Itemization of medical expenses and to whom paid.

B. Itemization of other special damages (including loss of earnings)

C. Other damages sought or claims asserted

Quantum Analysis (discuss jurisprudence on range of awards for damages/claims asserted by plaintiff)

Liens (negotiated amounts must be included)

a. Medicare \$

b. Medicaid \$

c. La. Office of
Group Benefits \$

d. Other §

RSA should contain estimated future costs of defense (trial and trial preparation, experts) if matter not settled.

Estimated prevailing party fees if there is exposure.

Has agency contribution been addressed, if applicable?

Has filiation been addressed?

Does trial and/or mediation need to be authorized?

Please ensure that the current version of the RSA is being used by the defense attorney. Should the information in the RSA be incomplete, incorrect or lacking certain elements of defense preparation, the TPA examiner will communicate directly with the assigned defense counsel to seek additional information and request supplemental RSA including additional information. A copy of this query will be sent to LitigationRSA@ag.louisiana.gov, the assigned ORM Supervisor and Rita Major. A completed TPA Settlement Review Form with recommendations and the RSA shall be submitted to ORM within 10 working days of TPA's receipt of a completed RSA. TPA's settlement recommendation should be based on TPA's opinions of case and not defense recommendations.

Should a critical date be looming soon after receipt of an RSA needing either correction or supplementation, the examiner is to send the deficient RSA on to ORM with a label indicating that further information has been requested. This will allow ORM to commence its review in light of the critical date.

All assigned defense counsel (AAG staff attorneys and contract attorneys) shall submit a RSA in accordance with the guidelines established by the Litigation Program of the Department of Justice and ORM. RSA should be reviewed and submitted to ORM within 10 business days of receipt. In the event of exigent circumstances, the RSA must be submitted to ORM in sufficient time for ORM to evaluate and take action on the request.

RSA's prepared by an AAG should include comments from the AG section chief (each coverage has a chief – Med Mal, CGL) and then routed to the TPA examiner. The TPA examiner will review the RSA; provide an email which includes their comments regarding the proposed settlement, a "TPA Settlement evaluation Review Form" then forward to the assigned ORM Supervisor for disposition. After the ORM review process, ORM's comments/recommendations, RSA and Claims Council Decision form, where required, will be emailed by ORM to the AG at LitigationRSA@ag.louisiana.gov, for the AG approval process. Upon approval by the AG, they will notify TPA and ORM as to the approved authority. Settlements \$500,000 and above are not final until approval has been granted by the Commissioner of Administration and the Joint Legislative Subcommittee

on the Budget. ORM will coordinate these approvals. No further action for settlement will be taken by TPA until all required approvals have been obtained.

RSA's prepared by contract counsel will be sent to the assigned TPA examiner. The TPA examiner will review the RSA and provide a completed TPA Settlement Review Form with recommendations, then forward to the assigned ORM Supervisor for disposition. After the ORM review process, ORM's comments/recommendations and RSA and Claims Council Decision form will be emailed by ORM to the AG at LitigationRSA@ag.louisiana.gov, for the AG approval process. The AG will notify TPA and ORM as to the approved authority. Settlements \$500,000 and above are contingent upon the approval of the Commissioner of Administration and the Joint Legislative Committee on the Budget. Attendance by a TPA representative is mandatory. ORM will coordinate these approvals and notify TPA accordingly. No action for settlement will be taken by TPA until all required approvals have been obtained. Upon final approval by all required parties it will be TPA's responsibility to notify contract counsel of the approved action.

SF-6 Request for Writ or Appeal Process

Instructions:

- To be used when requesting authority to file an appeal or a writ application, or authority to forego the filing of same. This form shall be used for both supervisory writs and writs of certiorari.
- **While the request is pending, the Billing Attorney may not, in any case, permit the delays to seek relief lapse, and shall file all necessary pleadings to protect the State's interests.**
- Contract Counsel shall submit the completed form in an electronically editable format to the appropriate Section Chief at:

CivilRightsRSA@ag.louisiana.gov
GeneralLiabilityRSA@ag.louisiana.gov
MedicalMalpracticeRSA@ag.louisiana.gov
RoadHazardRSA@ag.louisiana.gov
WorkersCompRSA@ag.louisiana.gov

The Section Chief shall electronically transmit the form, with their written recommendations, to the LP/DOJ Director and to the Assistant Director for Litigation Management for the Office of Risk Management with a copy to litigationrsa@ag.louisiana.gov.

- LP/DOJ staff attorney shall submit the completed form in an electronically editable format to the Section Chief, or to the Regional Chief, if applicable. The Regional Chief shall electronically transmit the form, with their written recommendations, to the appropriate Section Chief. The Section Chief shall electronically transmit the form, with their written recommendations, to the LP/DOJ Director and to the Assistant Director for Litigation Management for the Office of Risk Management, with a copy to litigationrsa@ag.louisiana.gov

If an SF-6 is submitted to forego an appeal and pay the judgment, an RSA SF-3 is not necessary. Sonia Mallett – AG Litigation Director and Joe Roussel – ORM Assistant Director of Litigation will note to pay judgment in their email approving the forgoing of the appeal.

NEGOTIATION TRACKING:

Once settlement authority has been approved at all appropriate levels, the examiner shall send a copy of the “Mediation-Negotiation Summary” to defense counsel along with a written request that all offers, counter-offers and settlements be recorded on the “Mediation-Negotiation Summary” form and that the form be updated with each offer and counter-offer. Defense counsel should inform the examiner of each offer and counter and the latest information should be posted in CLAIMS MANAGEMENT SYSTEM by the TPA examiner. If a claim is settled or negotiations end, the defense counsel shall send a completed copy of the “Mediation-Negotiation Summary” to the TPA examiner. The TPA examiner will review the form, update the Litigation Offer Section in CLAIMS MANAGEMENT SYSTEM and attach the completed form in CLAIMS MANAGEMENT SYSTEM. Throughout, this process, the TPA examiner should maintain a diary for follow-up.

PETITIONS RECEIVED ON EXISTING NON-LITIGATED CLAIM

When a Petition for Damages is received on an existing non-litigated claim, it must be promptly referred to ORM for processing with the AG. The agencies will be instructed to send lawsuits directly to ORM. If TPA receives a lawsuit from an agency, it should be forwarded by electronic attachment directly to Anna Pizzolato. ORM will complete the required Appointment Form and submit it to the AG for appointment of counsel. If the AG appoints an in-house AAG, no concurrence from ORM is required. A copy of the Appointment will be sent via email to the TPA examiner. If the AG appoints contract counsel, the Appointment is returned to ORM for the concurrence of the Assistant Director for Litigation Management and the State Risk Director. Afterwards, a copy is returned to the AG for their records and ORM. Expense reserves should reflect at least the amount of the agreed budget. The TPA examiner will receive a copy of the Appointment from AG or ORM.

Upon notification of the assigned defense counsel, the TPA examiner should contact counsel within seven (7) working days to discuss the case and develop a plan of action for defending the allegations contained in the petition.

The Sedgwick database will be updated with the pertinent information.

DIARY

Litigated claims must be maintained on a continuous diary to obtain reports from the defense counsel defining the status of the litigation and the plan for resolution of the

litigation. At a minimum, the TPA examiners should establish diary dates for the following:

Initial Case Assessment – 60 days from date of counsel acceptance/assignment
Six Month Case Assessment – 180 days from date of counsel assignment
Ninety Days Prior to Trial – RSA due from assigned counsel

TEAM MEETINGS – Defense and strategy meeting

- A team meeting (strategy meeting) shall be held within 90 days of the case assignment, or as soon as practicable thereafter, but no later than 30 days before the six-month case assessment is due.
- Attendees shall include the defense counsel, the TPA examiner and the DOJ section chief. The ORM supervisor and manager should receive an invite to the team meeting, but their attendance is at their discretion.
- The purpose of the team meeting will be to discuss a strategy for aggressively defending the case, including discovery to be conducted, available affirmative defenses, possible immunities, the need for and the retaining of experts, and the potential for dispositive motions.
- The TPA examiner shall schedule and coordinate the meeting.
- The TPA examiner will document the strategy (action plan) agreed upon and will send an email to each attendee confirming the action plan. Specific dates or date range for the accomplishment of activities should be set.
- Unless otherwise determined by the DOJ section chief and ORM supervisor, the team meetings will be held via teleconference.
- Additional team meetings shall be held as determined by the DOJ section chief or the ORM supervisor.

MEDICAID LIENS:

- The examiner or defense counsel (if case is in litigation) must obtain information as to whether or not the claimant is a Medicaid recipient.
- Obtain the claimant's date of birth and social security number. The MRP requests and/or petition need to be attached to this request.
- The examiner will email the template below to leisha.smith@sedgwick.com who will enter the data into the DHH database Recovery Request.
- Sedgwick will then be notified by DHH of any potential lien and alerted of any possible lien by a Healthy Louisiana Managed Care Organization (MCO).
- If a potential Healthy Louisiana MCO lien is identified the examiner and/or defense counsel shall request the lien documentation from the Healthy Louisiana MCO or plaintiff's counsel.

- The Healthy Louisiana MCOs may change depending on the contracts with the state or claimant may change Healthy Louisiana plans, so there may be one or more Healthy Louisiana MCOs involved. A list of Healthy Louisiana MCOs and their contact information are located on the Sedgwick H drive/MM-Misc Project Folder/MM-Med Mal folder.
- The contact person for DHH Medicaid liens is David McCay 225-342-1123 or David.McCay@LA.GOV and the contact person at DHH for assistance with Healthy Louisiana MCOs is Janelle Sparks 225-342-0259 Janelle.Sparks@LA.GOV
- The examiner will document the amount of any lien in the claim File Notes and SIR. The examiner will also click on ALERT and enter the lienholder information and amount of the lien in the message box.
- When DHH and/or the Healthy Louisiana MCO asserts a claim for reimbursement as the result of Medicaid payments, DHH and/or Healthy Louisiana MCO settlement will be negotiated by ORM.
- ORM may delegate the negotiation of Medicaid reimbursement claims to the examiner or defense attorney.
- Communicate Medicaid payment amounts to defense counsel and make certain it is included in the RSA. Medicaid lien amounts must be indicated on all TPA Claims Council Review Forms.
- The settlement authority requested and authorized will include the amounts of any Medicaid lien(s) and it is the examiners responsibility to assure the Medicaid lien(s) are satisfied.

Request for check of Medicaid Lien:

Name of Patient:

Social Security number:

Date of Birth:

Address:

Marital Status:

Gender:

TPA Claim:

ORM Claim #:

Defense Counsel Name/Address/Phone Number:

Plaintiff Counsel Name/Address/Phone Number:

Third Party Attorney Name/Address/Phone Number:

Date of Incident:

Critical Date(s):

Attachments: (MRP complaint, MRP Ruling, Lawsuit, Demand)

MEDICARE LIENS:

- Medicare's interests must be protected as they are considered a Secondary Payor.
- Medical bills paid by Medicare must be considered for reimbursement in any settlement.
- When the claim is first received the examiner should request the claimant's address, date of birth and Social Security Number or HICN from the plaintiff attorney or pro se' plaintiff.
- The examiner will update the Claimant Detail tab in the Sedgwick database, which will automatically transmit an inquiry to Medicare every 30 days for the life of the claim.
- If the examiner receives a ME File Note indicating Medicare Beneficiary Results: Code 01-Medicare Beneficiary Yes, the examiner will complete the Medicare Referral Site template at the Medicare Compliance portal at the Sedgwick Home page to request the assistance of the Medicare Compliance team in documenting the lien and their assistance in resolving the lien.
- Communicate Medicare payment amounts to defense counsel and make certain it is included in the RSA. Medicare lien amounts must be indicated on all TPA Claims Council Review Forms.
- The settlement authority requested and authorized will include the amounts of any Medicare lien(s) and it is the examiners responsibility to assure the Medicare lien(s) are satisfied.

If the needed information is not voluntarily provided, the information should be obtained by counsel through discovery.

OTHER LIENS, ASSIGNMENTS & CLAIMS OF SUBROGATION:

It is the examiners responsibility to determine if there are other liens, assignments or claims of subrogation. The amounts should be documented and included in any authority request. It is the examiners responsibility to assure other liens, assignments and claims of subrogation are satisfied.

Medical Malpractice-Future Medical Care and Related Benefits

Once future medical and related benefits are awarded to a medical Malpractice claimant by way of settlement or judgment, a separate file must be set up for payment of these medical expenses and related benefits. Those claims are handled by the Sedgwick Work Compensation team in accordance with La. R.S. 40:1237.1.F. & L. A copy of the settlement documents or judgment should be included in the future medical claim file in CLAIMS MANAGEMENT SYSTEM in order to verify the amount awarded which should be the set reserve. If the judgment/settlement awarded states that all future medical expenses are to be paid as incurred for any and all related expenses through the life of the claimant then reserves will be adjusted periodically. There should be contact with the claimant or family member to discuss the benefits and the procedures for submitting invoices.

Prior approval from ORM will be necessary on any requests for home renovations irregardless of the total costs. In addition it will be necessary to seek the ORM supervisor's approval for any requests for durable medical equipment that exceeds \$25,000.00

DOC PRISONER CASES MEDICAL MALPRACTICE

In accordance with La. R.S. 40:1237.1.E(1) the medical malpractice claims of prisoners relating to health care rendered in a correctional facility shall be submitted to correctional administrative review procedures. Those claims will be handled by the General Liability team.

The Medical Malpractice team will only handle claims of prisoners relating to health care rendered at non-corrections health care facilities involving state health care providers or resulting in wrongful death and survival claims of prisoners relating to health care rendered in a correctional facility. Those claims shall be submitted to a medical review panel in accordance with La. R.S. 40:1237.2.

The claims mentioned above will be handled in accordance with the Client Instruction.

STAFFINGS

A staffing may be requested by defense counsel, ORM or the AG to discuss a plan of action on a case. The TPA examiner should attend the staffing and document the names of those who attended and the outcome of the staffing. A plan of action should state the subsequent steps in the defense of the case that were decided in the staffing. The notes and plan of action must be attached to the CLAIMS MANAGEMENT SYSTEM file within 3 working days. TPA examiner is to follow up to ensure that defense is proceeding with plan of action.

NOTIFICATIONS AND ATTENDANCE of TRIALS and MEDIATIONS

TPA must maintain a calendar of all scheduled mediations and trials. Notification must be made to the ORM supervisor thirty (30) days prior to all trials and mediations.

TPA examiners must attend trials, mediations and meetings of the Joint Legislative Subcommittee on the budget. The examiner may have to sit at the defense table with our attorney as the representative of the State in the event that a representative of the named agency is not available.

MEDIATION SUMMARY

A mediation summary documenting the offers and demands, initial settlement authority and final settlement amount along with an evaluation of defense counsel should be attached to the file. A copy of the format will be provided to TPA.

MEDIATION AUTHORITY

No "tentative" mediations are to be scheduled prior to the disposition of an RSA submission specifically seeking authority to mediate. Mediations shall be scheduled only after ORM approval of, and Attorney General concurrence on, a properly submitted RSA requesting authority to mediate and corresponding monetary authority.

LITIGATION MANAGEMENT:

Examiners should be thoroughly engaged in the management of litigation and should work closely with defense counsel to bring about a prompt resolution of the claim.

- Examiners should make certain that written discovery (interrogatories, requests for production of documents, and requests for admissions) are propounded (sent) to plaintiff counsel very early in the life of a case. They should monitor this aspect of the defense and communicate directly with counsel to make certain it is done.
- Discovery propounded by defense counsel is to be promptly answered. If plaintiff does not respond promptly, the examiner should discuss the possibility of filing a motion to compel with defense counsel. Defense counsel is to provide a copy of the discovery responses to the examiner.
- As a general rule, written discovery should be propounded and answered by the plaintiff prior to plaintiff being deposed. Receipt of this information beforehand will assist defense counsel in preparing for the deposition.
- The timing of a deposition is important. Plaintiff should not be deposed too early, because we want to obtain as much information as possible regarding alleged injuries. It is often desirable for the injuries to mature to a degree (time for plaintiff to receive a diagnosis, treatment and, hopefully, a prognosis) before

he is deposed. In most cases, a deposition should be taken from 8 to 12 months from filing suit; if not earlier (depending on how long after the incident suit is filed).

- Suggest discussing the need for, and the scheduling of, plaintiff's deposition with defense counsel. Confirm that written discovery has been sent to and answered by plaintiff. When appropriate, *ask (rather than direct or instruct)* defense counsel to take plaintiff's deposition. Document your requests. If there is disagreement or delay on the part of our defense counsel, please notify your TPA management team, as well as Anna Pizzolato, Rita Major, Ann Wax and Joe Roussel. The matter will be addressed accordingly.
- It is TPA's responsibility to move and manage these cases. Confirm conversations through a follow up email.

ABANDONMENT

An action is abandoned if the parties fail to take any step in its prosecution or defense in the trial court for a period of three years.

Refraining from actively defending a suit with the hope that plaintiff may not prosecute his claim for such an extended period is not a favored course of action, as it allows for the unnecessary accrual of interest, allows for the memory of a witness to fade (making his testimony less reliable), and creates the risk that physical evidence may be altered, destroyed, misplaced or become otherwise unusable. It is for these reasons that all cases must be aggressively defended.

The claims examiner must actively monitor the file and request status updates at the appropriate times. The examiner is responsible for insuring that the defense of the case is progressing and maturing. This limits the opportunity for possible abandonment to be considered as an option.

While electing to halt the active defense of a case (in the hope of potential abandonment) may be appropriate in some instances, such a strategy is the exception, not the norm. The following process should be utilized for all cases:

1. Cases assigned to in-house DOJ attorneys: A request for abandonment must be initiated by the defense counsel within the Attorney General's Office through the proper channels. If the Director of the Attorney General's Litigation Division determines that abandonment may be in the best interest of the litigation, the Director will forward the request to the Assistant Director for Litigation Management at the Office of Risk Management for consideration. Only the Director of the Litigation Division may make a recommendation to ORM for abandonment. Any final decision shall be communicated to the defense counsel, his supervisors, the examiner, and the examiner's supervisor.
2. Cases assigned to contract attorneys: Contract counsel should direct their requests for abandonment to the Director of the Attorney General's Litigation Division

and the Assistant Director for Litigation Management at the Office of Risk Management via email. Such requests will be reviewed by the Director of the Attorney General's Litigation Division and ORM's Assistant Director for Litigation Management. Any final decision shall be communicated to the defense counsel, the examiner, and the examiner's supervisor.

3. In the event the time delay lapses and abandonment occurs, defense counsel must file a motion to dismiss on the grounds of abandonment and obtain a formal judgment from the court. Defense counsel should also inform the examiner of the anticipated court costs.

No request for abandonment is required for automatic stays pursuant to the Prison Litigation Reform Act. However, at the end of the 3 year period of abandonment, a motion to dismiss on the grounds of abandonment must be filed and a judgment of abandonment must be obtained, as provided for in number 3 above.

CATASTROPHIC CLAIMS

Immediate notification by telephone to the ORM Claims Administrator shall be made in all cases involving catastrophic injuries or damages.

RESERVATION OF RIGHTS LETTER

When it has been determined that there are allegations in a lawsuit that are not covered under the policy, a reservation of rights letter must be sent to state qualified health care provider. A copy of the letter will be sent to LSUHSC's contact person, the assigned defense attorney, the state health care provider's private counsel, the state health care provider's private insurer representative and the TPA claim representative.

All ROR letters must be approved by ORM before being mailed out.

The reservation of rights letter must be sent by certified mail, return receipt requested. All ROR letters and documentation (certified receipt) must be attached in the Claims Management System file. The TPA Supervisor will establish a diary system to confirm that the signed return receipt is returned and attached to the Claims Management System file.

Following are the two forms for the reservation of rights letters that should be utilized:

FORM A

This form is to be used when the primary claims asserted in the petition/complaint sound in tort. This letter provides the option of the defendant allowing the AG/ORM appointed counsel to defend all claims asserted (in this instance, the non-tort allegations are incidental to the tort demands).

FORM B

*This form is to be used when the primary claims asserted in the petition/complaint **do not** sound in tort. This letter **does not** provide the option of the defendant allowing the AG/ORM appointed counsel to defend all claims asserted (in this instance, the tort allegations are incidental to the non-tort demands; for example ,as when the primary allegations sound in contract, etc..). **Here, the defendant must retain its own attorney to defend the non-tort allegations.***

DENIAL OF CLAIMS

When it is determined that the State has no liability for a loss, TPA will issue a letter of denial to the claimant which must be approved by the TPA supervisor. The letter must then be submitted along with TPA evaluation note including investigation summary and reasons for denial to the assigned ORM Supervisor for review and approval. In the event that a denial is appealed, the TPA supervisor on the case will review all applicable documentation and issue a supplemental letter to the claimant advising them of the final decision.

CLOSURE OF FILES

Upon conclusion of a claim, it is necessary to track the final actions and insure that information needed by auditors will be entered. A copy of the Closing Checklist is attached as a convenience. As a requirement of the Joint Commission for the Accreditation of Hospitals (JCAH), we are required to send notice of file closures to the named medical facility which includes the final disposition information, date of closure and whether any named healthcare provider was reported to the National Practitioner Data Bank. Example of a closure cover letter and report are attached. The notices are sent to the hospital administrator and, in some cases, the Risk Management or Quality Assurance Departments. A file will be considered as closed when the Release and Receipt from the court in settlements or the final Judgment is received and all billing is complete.

SUBROGATION

- TPA must ensure that they protect the State's subrogation interest on all claims.
- Filing of suit to interrupt prescription or filing of suit to recover the State's interest should be requested by the TPA examiner at least ninety (90) days prior to prescription.

- All requests for the appointment of an AAG staff attorney to handle a subrogation matter will be submitted to ORM to the attention of Farrel Hebert along with a Subrogation Summary. ORM will prepare the Appointment and Contract Approval Form and submit it to the AG for assignment. AG will notify TPA and ORM as to the name of the appointed attorney/law firm.

For General Liability claims, authorization to waive less than 50% of our subrogation interest can be obtained from the assigned ORM General Liability supervisor. **Authorization to waive more than 50%** of our interests will require an RSA and submission to ORM claims council which shall be directed to **Sherry Price at sherry.price@la.gov**. A request for the appointment of an attorney to pursue/protect our subrogation lien should be directed to **Farrel Hebert** at the email address noted previously.

EXPERTS:

When the assigned defense counsel needs an expert/consultant, they will complete the Request for Expert Services (Medical Malpractice) form (revised 09/16/2019) and submit it to the assigned TPA for review and approval. Defense counsel will be notified by the TPA of the approval or rejection of the request. Please ensure that defense counsel completes all questions and attaches the fee schedule, curriculum vitae and W-9 to the request. This is what the form looks like. The form will be posted on the website for attorneys to access.

(REVISED 09/16/2019)
REQUEST FOR SERVICES
 (Medical Malpractice)

THIS FORM MUST BE COMPLETED BY ATTORNEY AND APPROVED BY TPA EXAMINER AND SUPERVISOR PRIOR TO ANY SERVICES BEING RENDERED.

Request Date: _____ Type of Expert/Consultant: _____

Patient's Name: _____

TPA Claim #: _____ Critical Dates: _____

Anticipated Engagement Date: _____ Anticipated Costs: \$ _____

Name of Expert/Consultant: _____

Company Name: _____

Address: _____

City and State: _____

Phone: (_____) _____ E-Mail: _____

Hourly rate: \$ _____ Tax I.D./Social Security number: _____

The following items must be attached to this form: Fee Schedule, Curriculum

Vitae, and W-9. If the Expert/Consultant is not on the Expert List please add to the list.

COST BENEFIT ANALYSIS

Why is expert needed? _____

Expected cost to State if these services are not provided: \$ _____

Description of costs to State if these services are not provided: _____

SCOPE OF SERVICES: (detailed description of all services that expert will provide): _____

Signature of Assigned Defense Attorney/Firm Name/Email Address

TPA APPROVAL:

EFFECTIVE START DATE: _____ **APPROVED BUDGET CAP: \$** _____

Examiner Approval (signature)/Date/Phone

Supervisor Approval/Date/Phone

Check Box If Records Are Attached To The H Drive

Invoices for services rendered by the expert/consultant will be made by the examiner as an expense to the claim file. If any invoice amount is reduced by the examiner, an explanation needs to be provided to the vendor and the file is to be documented with the reasons.

PERFORMANCE EVALUATION - LEGAL

PERFORMANCE EVALUATION - LEGAL FORMS

1. **Interim Performance Evaluation-Panel Stage-Medical Malpractice and Interim Performance Evaluation – Legal** form (IPE) will be completed by the handling Sedgwick examiner on cases handled by outside defense and AG staff attorneys. The Interim Performance Evaluation-Panel Stage-Medical Malpractice will be used on all claims during the panel stage and the Interim Performance Evaluation-Legal will be used on all claims during the lawsuit/appeal stage. On a monthly basis, each Sedgwick examiner will be provided with a list of all cases that requires the completion. This listing will note the cases that were assigned one year ago. Any “No” answer in questions 1. through 8. requires specific comments. Any “No” answer in questions 9. through 22. requires the examiner contact assigned defense counsel to provide specific written responses. On the Interim Performance Evaluation-Panel Stage-Medical Malpractice form any N/A in questions 9. through 22. requires a brief explanation. Forms must be signed by the handling examiner and their supervisor. This form should be submitted to Ann Wax at ann.wax@la.gov. These forms will be completed on an annual basis until the case is concluded or reassigned to another attorney at which time the examiner would need to complete the standard Performance Evaluation – Legal form. If the evaluation is for an outside attorney, the Firm Name should be listed as the name of the law firm. There is now a separate field for the name of assigned defense attorney. If the evaluation is for an AG staff attorney, the Firm Name should be listed as DOJ/AG Litigation Program.

2. **Performance Evaluation – Legal** form (PEL) must be completed on cases handled by outside defense counsel and AG staff attorneys. This form shall be completed upon the conclusion of the case or in the event the case is reassigned to different counsel. If the evaluation is for an outside attorney, the Firm Name should be listed as the name of the law firm. There is now a separate field for the name of assigned defense attorney. If the evaluation is for an AG staff attorney, the Firm Name should be listed as DOJ/AG Litigation Program. The Total Defense Costs Paid represents attorney and legal expenses paid, not just the amount we paid the attorney for his professional services. The evaluation must be signed by the handling examiner and their supervisor. This form should be emailed to Ann Wax at ann.wax@la.gov.

APPROVAL FOR BUDGET INCREASES FOR LEGAL SERVICES

DOJ/Office of the Attorney General Staff: The Office of Risk Management has an Interagency Agreement with DOJ/Office of the Attorney General for the legal services provided by the attorneys in the Litigation Division. It will not be necessary for Sedgwick to request approval of defense budgets on cases being handled by AG staff attorneys.

Sedgwick examiners do need to review billings for services rendered for excessive charges and ensure that they have received adequate documentation for their files.

Outside Counsel – Contract counsel is appointed by the AG and concurred upon by ORM. Outside counsel will be required to read the “Appointment for Professional Legal Services” and sign the Counsel’s Acknowledgment and Acceptance of Appointment. Counsel will be advised of an initial budget amount by Sedgwick. When the initial budget is nearing exhaustion or when counsel determines that additional funds are required for future tasks to be completed in order to determine liability and damages, outside counsel will submit a budget (through Acuity or paper if he is Acuity exempt) and an email or letter outlining the future tasks which will be reviewed by the examiner and their supervisor. When the budget increase request exceeds \$75,000.00, the Sedgwick examiner will forward this budget increase request, a copy of the email/letter from defense counsel, a current case assessment (must be within 6 months of this request) and a PDF version of the respective budget to the ORM supervisor along with their comments and recommendations for approval. The budget increase approval levels are:

<u>ORM Approval Levels</u>	<u>Approval Requested</u>
\$ 75,000 - \$100,000	ORM Claims Supervisor
\$100,000.01 - \$199,999.99	ORM Claims Manager
\$200,000 and above	State Risk Administrator – Claims, Assistant Director for Litigation Management, State Risk Director

The email format for submitting request for budget increase approval to \$199,999.99 is as follows:

Request for Budget Template:

Request for Budget Increase

Claimant:

ORM Claim #:

Sedgwick Claim #:

Firm Name:

Current Budget Amount:

Requested Budget Amount:

- 1. A brief description of the loss and what legal action has been accomplished:**
- 2. Additional actions required and critical dates:**
- 3. Total amount paid towards the defense of this claim to date \$; total amount of outstanding invoices \$; and based upon the information here we are recommending the budget be increased from \$ to \$.**

The Sedgwick examiner will route this email to the respective ORM supervisor/manager for approval. If in order, the ORM supervisor/manager will approve it and forward the

approval to the Sedgwick who will approve the budget in Acuity and send an email to the firms advising them of the increase approval.

For budget increase requests \$200,000 and above, a Memorandum is required which will be a Microsoft Word document that can be revised. Subject of email should be noted as Request for Budget Increase

The format will be as follows:

TPA Letterhead

Font will be Verdana 12 point

Modified Block style

Justified

MEMORANDUM is uppercase, bold, underscored and centered

Justified paragraphs

TO: Melissa Harris
State Risk Director

FROM:

DATE:

RE: **Request for Budget Increase**

Claimant:

ORM Claim Number:

Sedgwick Claim Number:

Firm Name:

Current Budget Amount:

Requested Budget Amount:

The first paragraph should be a brief description of the loss and what legal action has been accomplished.

Second paragraph should include additional action required as well as note critical dates (hearings, trial date, etc.).

Third paragraph should include the total amount paid towards the defense of this claim, the total amount of outstanding invoice, and a statement recommending that the budget be increased from \$_____ to \$_____.

APPROVED BY:

Melissa Harris
State Risk Director

Date

Joseph M. Roussel
Assistant Director for Litigation Management

Date

Ann D. Wax
State Risk Administrator - Claims

Date

Please try to keep the memorandum to two pages. A copy of the Acuity budget and a current case assessment should be included along with the budget request.

This memorandum should be directed to the appropriate ORM Claims Manager for review. If in order, they will route it to Ann Wax to obtain the required signatory approvals, then notify Sedgwick accordingly