

**RESPONSE FOR:**

**NEW ORLEANS  
REGIONAL TRANSIT AUTHORITY  
THIRD PARTY ADMINISTRATOR OF AUTOMOBILE/GENERAL  
LIABILITY AND WORKERS' COMPENSATION CLAIMS  
RFP 2024 -028**

Submission: October 10, 2024  
4:00pm



**HAMMERMAN & GAINER, LLC**

**2400 VETERANS MEMORIAL**

**BLVD, STE 510**

**KENNER, LA 70062**

**CANDY DOTTOLO**

**DESIGNATED SIGNATURE  
AUTHORITY**

**OFFICE: (504) 681-6135**

**EMAIL: CANDYV@HGI-GLOBAL.COM**



**Hammerman & Gainer, LLC**

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Candy Dottolo

Designated Signature Authority

[candyv@hgi-global.com](mailto:candyv@hgi-global.com)



**New Orleans Regional Transit Authority**

THIRD PARTY ADMINISTRATOR OF  
AUTOMOBILE/GENERAL LIABILITY AND WORKERS'  
COMPENSATION CLAIMS

RFP 2024-028

October 10, 2024, 4:00pm

Procurement Department

2817 Canal Street

New Orleans, LA 70119

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# LETTER OF INTEREST



**Ms. Lona Hankins**  
*Chief Executive Officer*  
New Orleans Regional Transit Authority

**Dear Ms. Hankins:**

It is with great pleasure that we submit this response to your recent:

- **Request for Proposals (RFP)**  
for a Third-Party Administrator (TPA)  
for Automobile Liability / General Liability / Workers' Compensation (AL GL WC) Claims  
for the New Orleans Regional Transit Authority (RTA)

**Hammerman & Gainer, LLC (HGI)** of New Orleans is uniquely qualified to deliver the same exemplary level of professional services that it has provided to the RTA for the past 18 years.

An established and highly-respected organization, HGI is headquartered in Greater New Orleans. In business for more than 95 years, HGI is nationally recognized as the oldest and largest 100% African American-owned third-party administrator (TPA) in the entire United States.

Throughout its nearly two-decade history of service to the RTA, HGI has been 100% owned by **Mr. Larry D. Oney**, a life-long resident of the New Orleans area and an active member of the community. Mr. Oney is committed to keeping HGI locally-owned-and-operated through its upcoming 100th anniversary in business, and beyond.

• **Demonstrated Results:**

Since 2006, HGI has put its vast experience to work in providing full-service risk management outsourcing to the New Orleans Regional Transit Authority (RTA).

Employing a comprehensive claims management approach -- which goes beyond standard claims adjusting services -- HGI has compiled a nearly two-decade track record of achieving favorable results on behalf of the RTA. For instance, HGI has maximized third-party recoveries by including "loss of use values" for damages to RTA owned vehicles, despite not having an internal revenue tracking system allotted to each vehicle (bus/streetcar/paratransit) once they were removed from service.

Through timely investigations of claims and assessment of liability determinations, HGI has negotiated appropriate settlement values for a quick resolution of claims with liability exposures. This process has resulted in a quick turnaround in closing claims.

• **Uniquely Qualified:**

HGI has demonstrated its tangible benefits to the RTA for nearly two decades, and we are poised and positioned to continue serving this vital public transportation agency.

HGI is the only TPA of its kind based in New Orleans, and the only Claims Administrator with a full-service operations office here in Orleans Parish, which is staffed and equipped to perform all essential services required to efficiently and effectively service this contract.

All RTA claims will be administered and serviced out of our New Orleans Claims Office:

- **Hammerman & Gainer, LLC (HGI)**  
3201 General De Gaulle Drive, Suite 207  
New Orleans, Louisiana 70114

- **A Trusted Provider:**

Further evidence of HGI's capabilities as a trusted provider can be found in the longevity of service we have provided to the Cities of Alexandria and Shreveport (22 years, since 2002); the New Orleans Sewerage & Water Board (18 years, since 2006), and the City of New Orleans (13 years, since 2011).

Outside of Louisiana, we have also provided professional services to a number of entities, including the Texas Property & Casualty Insurance Guaranty Association (26 years, since 1998).

- **Giving Back:**

In addition to providing outsourcing services to federal, state, regional, and municipal government agencies nationwide, the management and staff of HGI are also dedicated to community service and philanthropic endeavors, having committed tremendous resources in their efforts to "give back" to the New Orleans region.

This has included actively feeding and clothing the homeless in downtown New Orleans on a weekly basis, and also providing food, basic household goods and cleaning supplies to families displaced by hurricanes, flooding and other weather and environmental events all across the Gulf South.

- **Diversity:**

As one of nation's oldest and largest minority-owned firms -- in continuous service for nearly a century -- HGI fully understands the importance of diversity in today's society and market economy.

For instance, HGI is partnering in this proposal with CBI Managed Care, LLC, a certified State & Local Disadvantaged Business Enterprise (SLDBE) company which specializes in the coordination of management services with Self-Insured Entities (SIE's) and Third-Party Administrators (TPA's). The employees of CBI have more than 40 years of combined experience in providing customized service delivery by disability experts to help reduce claims costs, improve processing efficiencies, and ensure compliance with regulatory requirements.

- **Affirmations:**

HGI affirms this proposal has been arrived at independently and is submitted without collusion to obtain information or gain any favoritism that would in any way limit competition or give unfair advantage over other submitters. The undersigned hereby declares that she has the authority to represent HGI in submitting this proposal and is authorized to contractually bind HGI in all matters relating to this response to the Request for Proposals.

The undersigned declares this Proposal an official offer to undertake this project at the prices quoted in this document and declares that this Proposal represents the services offered by HGI.

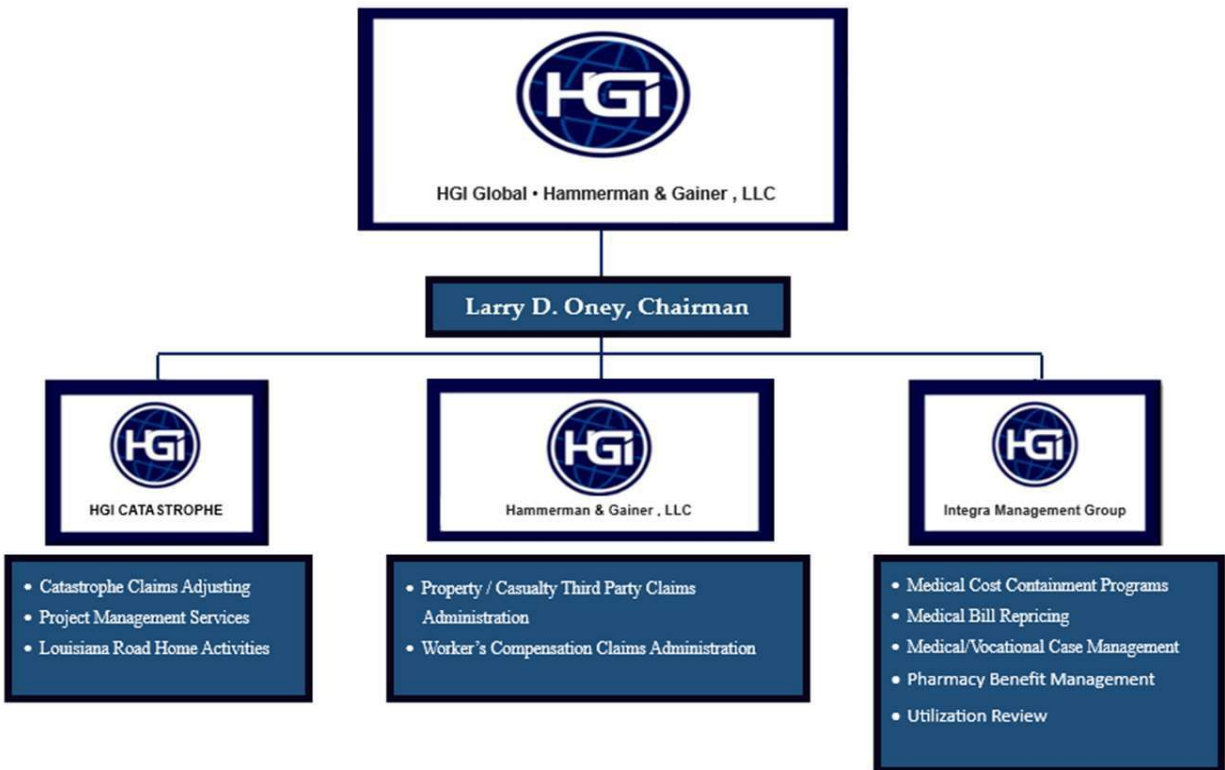
Sincerely,



Candy LeBlanc Dottolo  
Corporate Secretary and  
Designated Signature Authority  
Hammerman & Gainer, LLC (HGI)  
email: candyv@hgi-global.com  
office: (504) 681-6135  
direct: (225) 445-7168  
fax: (504) 522-2524

# OVERALL QUALIFICATIONS – EXPERIENCE AND LICENSING

Founded in 1929 in Austin, Texas, Hammerman & Gainer, LLC (HGI) was incorporated in 1973. We provide personalized local service through our network of regional offices located in Louisiana and Texas. With a strong commitment to customer service and established partnerships with some of the largest brokerage and consulting firms in the country, HGI has built a reputation for excellence. Our goal is to integrate solutions that enable our customers to reduce costs, streamline operations, and operate more effectively.



Upon the successful award of a contract, HGI will administer this program from our New Orleans Claims Office 3201 General De Gaulle Dr. Suite 207 New Orleans, LA 70114. HGI staff is available 24/7/365 to handle on-site investigations. We employ staff that is vested in New Orleans and willing to go beyond the call of duty to handle each potential claim.

HGI utilizes aggressive and experienced claims management staff who understands the importance of responding immediately when notified of a claim. Our claims examiners initiate active investigations within 24 hours of claim assignment. This practice greatly mitigates litigation and reduces overall claims costs.

Our best practices are intended to provide a general framework to help all claim professionals achieve the best overall result on each claim on behalf of the New Orleans RTA. The best result is achieved by pursuing actions and initiatives that mitigate the RTA's exposure, which includes resolving cases expeditiously and economically.

HGI is currently licensed as a TPA in Louisiana and many other states. Please see a copy of our current license in the section labeled "Attachments" beginning page 89.

HGI is a member of the following organizations:

- Louisiana Association of Self-Insured Employers
- Louisiana Association of Business and Industry
- National African American Insurance Association

Refer to the below documents in the back of the proposal in the section labeled "Attachments" beginning on page 89.

HGI certification and licenses:

- Louisiana Secretary of State Good Standing
- Louisiana TPA License
- Insurance Certificate
- Minority Certification - Southern Regional Minority Supplier Certificate

## **HGI Claims Management Team**

### **VANESSA R. JAMES**

*Senior Vice President of Claims*

#### **SUMMARY:**

Vanessa has more than 36 years of broad and comprehensive Third-Party Administration experience. She is an accomplished Property & Casualty Risk Management professional with extensive background in managing projects and overall claims administration.

Throughout her career, she expanded her knowledge which focused on providing sustainable customer service solutions and cost savings in an ever-changing environment using company driven innovations powered by diversity and a consistent record in investing in people, designing systems, and developing processes that deliver specific measurable and reliable outcomes.

#### **EXPERIENCE:**

Hammerman & Gainer, LLC 2000 – Present  
*Senior Vice President of Claims*

James is responsible for management of all daily operations, strategic planning and directing the claims administration process, client risk management, business process outsourcing and overall program management services.

Louisiana Restaurant Association 1999 – 2000  
*Account Executive*

Creative Risk Controls 1998 – 1999  
*Manager Trainee*

Crawford & Company 1994 – 1998

James received her initial claims handling experience with this national Third-Party Administration firm.

F.A. Richard & Associates 1992 – 1994  
*Claims Adjuster*

Throughout her work, James presents skills such as Complex Claims and Litigation Management, Loss Control & Safety Management, Independent File Review and Claim Audits, Best Practices Claims Models, Client Services Training Manuals, Return to Work Programs, Cost Savings



Solutions, Structured Settlements and Medicare Set Asides. Claims experience includes workers' compensation, auto/general liability including commercial, products liability, long shore & harbor, maritime and medical malpractice claims.

James has held positions on several committees. She was Board of Director (Treasurer) for the New Orleans Regional Black Chamber of Commerce (2018-2021), Board of Director (Secretary) for the McDonnell Square Condominium Association (2020-2021), and past Board of Director for the National African American Insurance Association (2003-2005).

**EDUCATION:**

University of New Orleans  
Master of Business Administration  
Bachelor of Science, Business Administration and Management

**LICENSES:**

Comprehensive Claims Adjuster including Workers' Compensation, Automobile / General Liability, Property & Casualty Producer, Life Producer (336425)  
LASIE Certified Workers' Compensation Professional - CWCP  
LA Department of Insurance as an approved Provider for Continuing Education (CE) instructional courses (license renewals) for Adjusters and Producer



**Louisiana Department of Insurance**  
**Timothy J. Temple**  
**Commissioner**

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## VERIFICATION OF LICENSE STATUS

**License Number:** 336425  
**Name:** Vanessa Rena James  
**NPN:** 7996658  
**Mailing Address:** 26 Pinehurst Drive  
New Orleans, LA 70131  
  
**Business Phone:** (504) 450-2986  
**Trade Name(s):**  
**Residency:** Resident

### Lines of Authority

Claims Adjuster			
Authority	Effective Date	Valid Through	Status
Property & Casualty	06/30/2007	09/30/2025	Active
Workers Comp	01/13/2017	09/30/2025	Active

### Lines of Authority

Producer			
Authority	Effective Date	Valid Through	Status
Casualty	11/09/2006	09/30/2025	Active
Life	02/16/2009	09/30/2025	Active
Property	11/09/2006	09/30/2025	Active

### Company Appointments

Name	NAIC #	Lines	Issue Date	Status	Inactive Date
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### Affiliations

Name	Position	Effective Date
Hammerman & Galner, LLC	Adjuster	12/27/2012

## **Lori Bailey**

*Supervisor*

### **SUMMARY:**

Lori Bailey has more than 35 years of experience in the Claims Industry. She has a long history of claims handling and management. She can assist companies in maintaining a high standard of expertise and exceeding company goals.

### **EXPERIENCE:**

Hammerman & Gainer, LLC

2024 – Present

*Worker's Compensation Claims Supervisor*

As a Worker's Compensation Claims Supervisor for HGI, Lori provides monetary approval authority up to assigned authority level. She maintains selected files on personal diary including all files reserved over \$50,000, all subrogation files, all files with delayed or denied benefits, all files formally assigned to the SIU, and all files with unresolved coverage issues. Upon request or in accordance with the applicable claims handling contract, she provides all information, reports, records, logs, and other information our clients may require. She provides ongoing advice, mentoring, coaching, counseling, and performance feedback to all personnel in the assigned unit. Lori is responsible for assuring that all claims are handled in accordance with applicable statutes and company rules. She deals quickly and decisively with personnel issues as they arise and keeps the manager informed with regards to the need for or the progress of any corrective action activities. Lori exhibits a knowledgeable and helpful attitude and projects a professional image on behalf of the company. She identifies and develops at least one individual to serve as supervisor backup. Lori performs claim reviews on all open files every 45 days of the open inventory of each claims adjuster for the purpose of validating the accuracy and completeness of the claims management process as well as to identify opportunities for improving the process as well as the claim result. She is responsible for insisting upon a spirit of teamwork and cooperation between claims personnel in the assigned unit and the personnel of other departments. Lori has a working knowledge of the Labor Code of the State of Louisiana as it pertains to workers' compensation claims and the legal requirements for handling them.

Strategic Comp Services/Great American Insurance

2012 – 2023

*Senior Claims Manager*

As a Senior Claims Manager with Strategic Comp Services/Great American Insurance, Lori managed a team of 7 adjusters consisting of 4 field adjusters, 2 inside lost time adjusters and 1 medical only adjuster. She oversaw the handling of state workers' compensation for Louisiana, Mississippi, and USL&H (Longshore Federal Act) claims. She previously managed Arkansas claims for 10 years with an additional 3 adjusters on my team and managed TX claims for 7 years with an additional 3 adjusters for a total of 12 on my team for those years. Her responsibilities included direction, leadership, coaching and training of subordinates. She inspired others to high performance standards. She ensured that exceptional customer service is provided to external

customers. Lori articulated and applied reserving philosophy and reporting guidelines. Lori ensured that staff met all internal and external audits.

Gallagher Basset Services, Inc. 2008 – 2012  
*Branch Manager*

As a Branch Manager with Gallagher Basset Services, Inc., Lori's responsibilities included managing a staff of 24 employees consisting of supervisors, adjusters, and clerical staff. She oversaw the management of workers' compensation claims for Louisiana, Mississippi, USL&H, Jones Act along with General Liability and Auto claims. Lori was responsible for auditing staff and reporting to upper management and clients and preparation and participation in partnership meetings with clients and brokers.

Gallagher Basset Services 2006 – 2008  
*Worker's Compensation Manager*

As a Worker's Compensation Manager with Gallagher Basset Services, inc., Lori's responsibilities included supervising a team of 12 employees consisting of adjusters and clerical staff handling Louisiana, Mississippi, USL&H and Jones Act claims.

Gallagher Basset Services 2002 – 2006  
*Sr. Claims Specialist*

As a Sr. Claims Specialist with Gallagher Basset Services, inc., Lori managed a caseload of workers' compensation claims from start to finish for Louisiana, Mississippi, USL&H and Jones Act claims.

LWCC 2000 – 2002  
*Sr. Claims Examiner*

City of Baton Rouge/Office of Risk Management 1999 – 2000  
*Claims Examiner*

Cunningham Lindsey 1998 – 1999  
*Senior Claims Representative*

Summit Consulting 1992 – 1996  
*Claims Adjuster*

Risk Management Inc. 1988 – 1992  
*Claims Adjuster*

**LICENSE:**

Louisiana Adjuster (No. 308665)



**Louisiana Department of Insurance**

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**Timothy J. Temple  
Commissioner**

**VERIFICATION OF LICENSE STATUS**

**License Number:** 308665  
**Name:** Lori Ann Owens  
**NPN:** 7899426  
**Mailing Address:** 14058 Highway 421  
Saint Francisville, LA 707757160  
**Business Phone:** (225) 268-6888  
**Trade Name(s):**  
**Residency:** Resident

**Lines of Authority**

Claims Adjuster			
Authority	Effective Date	Valid Through	Status
Workers Comp	07/07/2017	08/31/2025	Active

**Lines of Authority**

Producer			
Authority	Effective Date	Valid Through	Status
Accident and Health or Sickness	10/07/2003	04/30/2006	Cancelled
Life	10/07/2003	04/30/2006	Cancelled

**Company Appointments**

Name	NAIC #	Lines	Issue Date	Status	Inactive Date
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**Affiliations**

Name	Position	Effective Date
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## **Michelle Brown**

*Return to Work Coordinator*

### **SUMMARY:**

Michele Brown is an accomplished professional with experience in managed care and disability programs. As Vice President of CBI Managed Care, LLC, she designed comprehensive managed care programs and coordinated services for employers, veterans, and re-entry individuals. Previously, Michele held leadership roles at Hammerman & Gainer and CBI Insurance & Care Management, where she managed workers' compensation programs and developed strategies for cost-effective return-to-work initiatives. She holds a Master's in Rehabilitation Counseling and is a Certified Rehabilitation Counselor (CRC) and Licensed Rehabilitation Counselor (LRC).

### **EXPERIENCE:**

CBI Managed Care, LLC 2021- Present  
*Managed Care Vice-President*

Vice President of CBI Managed Care, a minority, Disabled Veterans owned and operated business enterprise, specializing disability and managed care Programs. Designs comprehensive Managed Care programs for Employers, Self-Insureds and Third- Party Administrators. Programs involving; Transitional Duty, Return-to-Work, Re-entry (incarcerated individuals) and Veterans Re-employment. Develop/coordinate and evaluates Worker's Compensation services to include: Bill Review, Medical Case Management, Vocational Rehabilitation, Utilization Review and Cost Containment. Collaborate with local, state, federal and community resources to develop employment/placement opportunities. Provided expert testimony as required to substantiate reports and/or vocational service delivery.

Hammerman & Gainer 2012-2021  
*Workers Compensation Managed Care Program Manager*

Coordination and administration of comprehensive workers' compensation program to assist Third Party Administrator in obtaining information to determine compensability for workers' compensation benefits. Facilitated Cost effective Return-To-Work strategies Worked with Safety Management departments to support prevention programs. Supervised Vocational, Case Management, Utilization Review, and office management staff.

CBI Insurance & Care Management 1995-2012  
*President/Operations Manager*

Developed, implemented, and reviewed operational policies and procedures to oversee budgeting, reporting, planning, and evaluation/auditing programs. Supervision of Personnel responsible for

Case Management, Vocational Rehabilitation Cost Containment Programs. Developed/implemented/evaluated individualized employer Return-To-Work, Transitional Duty Programs. Designed/implemented Veterans Disability Employment Programs. Provided worksite evaluations to determine job modifications/ergonomic enhancements. Collaborated with Multidisciplinary team members (Physician, Physical Therapist, Counselors, etc.) to develop comprehensive treatment methods.

**EDUCATION:**

- Edinboro University of PA- Master of Arts- Rehabilitation Counseling
- Edinboro University of PA- Bachelor of Science- Social Work

**LICENSE/CERTIFICATION:**

- Certified Rehabilitation Counselor (CRC# 19480)
- Licensed Rehabilitation Counselor (LRC# 615)

**CONTINUING EDUCATION:**

- 2022-Introduction to Employee Assistant Programs (6 hrs.)
- 2022- Online Counseling and Therapy (3 hrs.)
- 2022- Ethnicity for Counselors (6 hrs.)
- 2022- Human Trafficking and Exploitation
- 2021-Medical Aspects of Disability (10 hrs.)
- 2021- The Social Security Expert (5 hrs.)
- 2021- Counseling Unemployed Clients (3hrs.)
- 2021-Family and Medical Leave: Law, Health Care and Social Service (6 hrs.)

Card with straight corners



 **LRC Licensing Board**  
This is the certify that  
**Michele\* Brown**  
is licensed as a Vocational Rehabilitation Counselor  
in the State of Louisiana  
#615  
Expiration Date: July 31, 2025

Card with rounded corners



 **LRC Licensing Board**  
This is the certify that  
**Michele\* Brown**  
is licensed as a Vocational Rehabilitation Counselor  
in the State of Louisiana  
#615  
Expiration Date: July 31, 2025



## **Laurien Reeves**

*Nurse Case Manager*

### **SUMMARY:**

Laurien is a dynamic and results-driven professional with a proven ability to excel in fast-paced environments. With 21 years of experience, Laurien consistently drives improvements in efficiency and process optimization. Known for her strong leadership, problem-solving skills, and exceptional communication, Laurien has a track record of delivering high-quality results while exceeding organizational goals.

### **EXPERIENCE:**

Hammerman & Gainer, LLC  
*Nurse Case Manager*

2024 - Present

As a Nurse Case Manager at HGI, Laurien provides comprehensive medical case management through both in-person and telephonic communication with patients, physicians, healthcare providers, and employers. She conducts thorough assessments of injured workers' medical and employment status, evaluating treatment plans for medical necessity, cost-effectiveness, and appropriateness for a timely return to work. Leveraging her nursing expertise, she collaborates with physicians to explore alternate treatment options and implements care plans, including securing necessary medical equipment and services. Her role involves regular travel to meet patients' needs, ensuring ongoing support and coordination across various healthcare and legal settings. Through her proactive management, Laurien ensures quality care and efficient recovery outcomes for injured workers.

Current Genex Services (Enlyte)  
*Telephonic Medical Case Management*

2023 – 2024

In her role at Genex Services, Laurien managed telephonic medical case management for employees with work-related injuries, ensuring clear communication among all parties involved in the rehabilitation process. She conducted thorough assessments of injured workers' medical conditions, including their medical history, current symptoms, and diagnostic tests. Educating employees on their injuries, treatment options, and recovery expectations was a key focus for Laurien, who also coordinated necessary medical appointments, tests, and referrals. She developed and implemented comprehensive treatment plans tailored to each injured worker's needs and regularly evaluated case goals based on patient improvement and treatment effectiveness. Laurien reviewed medical treatments and services to ensure alignment with evidence-based guidelines and fostered cooperation among all parties to promote successful

rehabilitation. She maintained accurate documentation of all case management activities, including assessments, treatment plans, communications, and outcomes.

HealthComp (Previously Gilsbar)

2021 – 2023

*Telephonic Medical Case Management*

At HealthComp, Laurien coordinated care services and developed patient treatment plans for catastrophic cases, managing both long- and short-term cases per established guidelines and industry standards. She conducted thorough assessments of patients' physical, psychosocial, emotional, and financial needs, collaborating with caregivers and healthcare providers to establish achievable treatment goals. Laurien monitored interventions and evaluated treatment effectiveness, reporting measurable outcomes to demonstrate efficacy. Advocating for patients to ensure quality care delivery, she aimed to reduce overall costs while providing emotional support and guidance to patients and their families. Laurien met daily productivity requirements while negotiating and implementing cost management strategies reflected in case management reviews. She maintained comprehensive documentation of case-managed patients in compliance with HIPAA regulations.

CoreCare Management

2017 - 2021

*Utilization Review/Medical Case Management*

Laurien coordinated utilization reviews for Louisiana Workers' Compensation cases and provided telephonic case management and nurse consulting on medical and lost-time injury files. She conducted medical record reviews and summaries, triaging care for injured workers and coordinating necessary medical care. Laurien assisted with hospital bill reviews and provided quarterly quality assurance reports while analyzing outcomes and resolving account-related issues.

Hammerman & Gainer, LLC

2014 – 2017

*Utilization Review/Medical Case Management*

Managed medical cases for employees with work-related injuries by conducting detailed medical record reviews and coordinating inpatient and outpatient care. She provided consulting and review for files pending legal settlements, ensuring appropriate medical management and treatment approvals.

Southern Surgical Hospital

2010 - 2014

*Pre-Admit, Pre-Op, Phase 2 Recovery Nurse*

At Southern Surgical Hospital, Laurien managed a high patient census with rapid turnover, conducting telephone triage, appointment scheduling, and patient referrals. She provided pre- and postoperative care and education for various conditions and procedures.

Doctor's Hospital 2005 - 2010  
*Perioperative, PACU, M/S, Case Management*

During her tenure at Doctor's Hospital, Laurien delivered pre- and postoperative care and education, ensuring coordination of patient acuity and care with third-party payers and collaborative discharge planning.

Methodist Hospital 2005 - 2005  
*Medical ICU*

Laurien provided comprehensive care and education for critical care patients and their families, collaborating on care planning and transitions.

Mercy Hospital 2003 – 2005  
*Transplant ICU, M/S*

In her position at Mercy Hospital, Laurien offered comprehensive pre- and postoperative care for renal, hepatic, and pancreas transplant patients.

**EDUCATION:**

William Carey College 2003

Bachelor of Science - Nursing  
Outstanding Clinical Performance Medical/Surgical Nursing  
Outstanding Clinical Performance Labor and Delivery Nursing

Louisiana State University 1998

Bachelor of Arts – Communications Disorders and Sciences  
Minor - Psychology

**LICENSES:**

Louisiana Registered Nurse Licensure Compact (NLC) – Active (expiration 05/31/2026)  
California Registered Nurse Licensure – Active (expiration 02/25/2025)  
Certified Case Manager (CCM) – Active (expiration 05/31/2026)

**COMMUNITY SERVICE:**

National Association of Junior Auxiliaries – Lifetime Member



**Louisiana State Board of Nursing**  
Primary Source License Verification

## Report

Primary Source Board of Nursing Report Summary for

### LAURIEN REEVES

Tuesday, October 08 2024 10:05:49 AM

*For a more accurate search, select Search by License Number or Search by NCSEB ID above. Partial name searches are accepted*

*This report is not sufficient when applying to another board of nursing for licensure. Use the [Nurse License Verification](#) service to request the required verification of licensure.*

[Contact the board of nursing for details about the Nurse Practice Act.](#)

*For further information about requesting public record [disciplinary information](#)*

#### Temporary Permits and Permanent Licenses (Post-NCLEX) or Approval to Enroll or Progress in Undergraduate Clinical Nursing Courses (indicated by "Student Clinic")

Name on License	License Type	License Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
REEVES, LAURIEN LEAKE	RN	RN106914	Active	05/19/2003	01/31/2025	Multistate	NO

#### New Grad Permits (Pre-NCLEX) indicated by License Type of "RN" Student Clinical Credential indicated by License Type of "Student Clinic"

Name on License	License Type	License Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
REEVES, LAURIEN LEAKE	RN	EX040532	Inactive	02/25/2003	05/14/2003	N/A	NO

#### Primary Source Board of Nursing Messages & Notifications

- This Temporary License is issued until the applicant meets all of the licensure requirements for a Permanent License.

#### License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

- **Student Clinic:** Student Clinical

**Nurse Licensure Compact (NLC) information**

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- [More information about the Nurse Licensure Compact \(NLC\)](#)

## **Lynn Poret**

*Worker's Compensation Specialist*

### **SUMMARY:**

Lynn Poret is an accomplished claims professional with 35 years of claims administration and investigation work for large insurance companies and Third-Party Administration. Her multi-state experience involves Worker's Compensation, General Liability, Production Liability, Homeowners, Automobile, and Garage Keepers Liability in Louisiana, Mississippi, Texas, Arkansas, and Alabama.

### **EXPERIENCE:**

Hammerman & Gainer, LLC

2016 – Present

*Senior Claims Adjuster/Supervisor*

Ms. Poret administers workers' compensation claims for the Orleans Parish School Board, the Regional Transit Authority, the Orleans Parish Sewage and Water Board, and St. James Parish School Board, maintain a workload of 100 lost time files in conjunction with handling medical only files. Poret's task included orientation and training for medical only adjusters and supervising other claims staff within the department. Poret coordinates the use of physicians, medical case managers, rehabilitation consultants, medical testing and diagnostics, attorneys, private investigators, medical transportation, and outside adjusters. She additionally developed a procedure for 3-point contact between adjuster, claimant, and physician within 24 hours of accident notification. This allows coordination of treatment with the treating physician from the onset, reducing ultimate medical/claim costs. She continues to stress the importance of and monitor use of Post Hire Medical Questionnaire and Medical Release forms in order to pursue recovery from Louisiana's Second Injury Fund. Direct Fraud investigations and information procurement on suspicious letters.

Risk Management Services, LLC

1995 – Present

*Senior Claims Adjuster/Supervisor*

Poret administers workers' compensation claims for the Louisiana Health Care Self Insurance Fund, maintaining a workload of 110-115 loss time files in conjunction with handling medical only files.

Self-Insurer's Service Bureau

1992 –1994

*Senior Claims Adjuster*

She processed loss time and medical only claims from beginning through conclusion for the Louisiana Nursing Home Self Insurance Fund and the Louisiana Restaurant Association Self Insurance Fraud.

Statewide Auto Insurance (General Agency for Old Hickory Insurance Company) 1989 –1992  
*Claims Manager/ Litigation Specialist*

Lynn Poret was responsible for all litigated claims including trial appearances. She verified coverage, processed claims from beginning to conclusion, and personally investigated claims and/or oversaw the use of outside investigators. She oversaw the use of an outside adjuster, if necessary.

American Mutual Insurance Company 1978 –1989  
*Senior Claims Adjuster/Supervisor*

In this position, Lynn Poret was primarily responsible for General Liability claims in Louisiana, Mississippi, Texas, Arkansas, and Alabama including but not limited to Worker’s Compensation, General Liability, Product Liability, Errors, and Omissions for nursing homes and hotels, Owners, Landlords, and Tenants coverage, Premises and Operations, Automobile (medical, uninsured, underinsured, excess coverage, bodily injury, and property damage), garage Keepers Liability, Homeowners, Marine, and all coverage for a major shipyard. She supervised staff of two inside adjusters, four outside adjusters and two clericals while maintaining a case load of approximately 280 files. Additionally, Poret notified Loss Control when unsafe conditions or safety measures identified through the claims process needed attention. She pulled risk files to verify coverage for any and all liability claims.

**CERTIFICATIONS/TRAINING:**

Insurance Institute of America / CPCU Studies  
Boston Tech – Principles of Insurance 1, 2, 3 1986 – 1989  
LABI Seminars  
License Adjuster (No. 726649)



**Louisiana Department of Insurance**  
**Timothy J. Temple**  
**Commissioner**

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**VERIFICATION OF LICENSE STATUS**

**License Number:** 726649  
**Name:** Lynn Ellen Poret  
**NPN:** 18361555  
**Mailing Address:** 1010 Common Street  
New Orleans, LA 70112  
**Business Phone:** (504) 702-6817  
**Trade Name(s):**  
**Residency:** Resident

**Lines of Authority**

Claims Adjuster			
Authority	Effective Date	Valid Through	Status
Workers Comp	03/23/2017	07/31/2025	Active

**Company Appointments**

Name	NAIC #	Lines	Issue Date	Status	Inactive Date
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**Affiliations**

Name	Position	Effective Date
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## **Danielle Cabrian**

*Worker's Compensation Specialist*

### **SUMMARY:**

Danielle Cabrian has experience in the Claims Industry with more than 9 years of experience. She is currently working in the Worker's Compensation Industry.

### **EXPERIENCE:**

Hammerman & Gainer, LLC

2024 – Present

*Worker's Compensation Claims Adjuster*

As a Claims Adjuster for HGI, Danielle investigates claims as reported and determines injured workers' eligibility for workers' compensation benefits. Throughout the process, Ms. Cabrian maintains contact with the injured worker and medical professionals concerning the status of the injury and plans for treatment. She administers indemnity and medical benefits for valid workers' compensation claims and manages the progression of the claim's process through collaboration with employers, physicians, nurses, attorneys, and other parties as needed. In addition, she performs all file handling within state statutes, client claims handling guidelines, and best practices. Ms. Cabrian determines if subrogation exists and takes the steps necessary to initiate recovery efforts. She assesses settlement decisions and opportunities and is present at mediations.

CCMSI

2023 – 2024

*Senior Claims Specialist*

As a Senior Claims Specialist, Danielle investigated and adjust worker's compensation claims in accordance with established claims handling procedures to determine compensability. She calculated and issued indemnity to claimant's when warranted. Reviewed medical, legal, and miscellaneous invoices to determine if reasonable and related to the ongoing worker's compensation claims and negotiated any disputed bills for resolution. She assisted in selection and supervision of defense attorneys. Prepared settlement evaluations and negotiated same with claimants and plaintiff attorneys to bring claims to resolution and reduce future financial exposure. Assess and monitor subrogation claims for resolution and recovery. Prepared timely excess carrier reports detailing claim events and action plans to bring claims to resolution and reduce future exposure. Adhere to all client instructions regarding vendor management and client preferred providers and policies.

CORVEL

2021 – 2023

*Claims Representative*

As a Claims Representative, Danielle's responsibilities included investigating State, Long Shore, and Jones Act claims for coverage and compensability in accordance with established claims handling procedures and best practices. She calculated and issued indemnity payments to claimant's when warranted. Determine action plan to best limit exposure and brings claims to resolution. Prepared settlement evaluations and negotiate same with claimant's and plaintiff

attorney within my desk authority. Assess and monitor subrogation and second injury fund potential for resolution and recovery. Prepared timely excess carrier reports detailing events and plans of action to bring claims to resolution. Review medical, legal, and other miscellaneous invoices to determine if reasonable and related to the ongoing worker's compensation claims.

CCMSI

2015 – 2021

*Claims Representative II*

Investigate and adjust worker's compensation claims in accordance with established claims handling procedures to determine compensability. Calculate and issue indemnity to claimant's when warranted. Review medical, legal, and miscellaneous invoices to determine if reasonable and related to the ongoing worker's compensation claims and negotiate any disputed bills for resolution. Assist in selection and supervision of defense attorneys. Prepare settlement evaluations and negotiate same with claimants and plaintiff attorneys to bring claims to resolution and reduce future financial exposure. Assess and monitor subrogation claims for resolution and recovery. Prepare timely excess carrier reports detailing claim events and action plans to bring claims to resolution and reduce future exposure. Adhere to all client instructions regarding vendor management and client preferred providers and policies.

General Accounting Manager

2005 – 2015

*Chalmette Electric / LeBlanc Electric*

Operate computers programmed with accounting software to record and analyze financial information. Check financial figures and documents for correct entry, mathematical accuracy, and proper coding. Classify, record, and summarize financial data for ongoing financial reports. Report to management regarding the company's financial status. Manage and process payroll for all employees. Develop, implement, modify, and document recordkeeping and accounting systems making use of current computer technology.

## **LICENSE:**

Louisiana residential adjuster license (No.812787)

Mississippi nonresident independent adjuster license (No. 10735535)



**Louisiana Department of Insurance**  
**Timothy J. Temple**  
**Commissioner**

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## VERIFICATION OF LICENSE STATUS

**License Number:** 812787  
**Name:** Danielle Cabiran  
**NPN:** 18980441  
**Mailing Address:** 3510 N Causeway Blvd Ste 400  
Metairie, LA 700023531  
**Business Phone:** (504) 620-8940  
**Trade Name(s):**  
**Residency:** Resident

### Lines of Authority

Claims Adjuster			
Authority	Effective Date	Valid Through	Status
Workers Comp	11/20/2018	12/31/2025	Active

### Company Appointments

Name	NAIC #	Lines	Issue Date	Status	Inactive Date
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### Affiliations

Name	Position	Effective Date
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# Caprice Kaiser

*Worker's Compensation Specialist*

## **SUMMARY:**

Caprice Kaiser has more than 24 years of overall Claims Adjusting experience as well as over 10 years handling Workers' Compensation (WC) claims for Self-Insured and Third-Party Administrators. In her years of work, she developed strong administrative, interpersonal, and customer service skills. She also developed the ability to prioritize and manage multiple tasks in a fast-paced environment using software such as Microsoft word and Excel. Her career objective is to secure a challenging position with a dynamic company that utilizes her skills and experience, while also offering a potential for growth.

## **EXPERIENCE:**

Hammerman & Gainer, LLC  
*Claims Adjuster*

2013 – Present

As a Claims Adjuster for HGI, Caprice Kaiser investigates claims as reported and determines injured workers' eligibility for workers' compensation benefits. Throughout the process, Kaiser maintains contact with the Injured Worker and the medical professionals concerning the status of the injury and plans for treatment. She administers indemnity and medical benefits for valid workers' compensation claims and manages the progression of the claim's process through collaboration with employers, physicians, nurses, attorneys, and other parties as needed. In addition, she performs all file handling within state statutes, client claims handling guidelines, and best practices. Kaiser determines if subrogation exists and takes the steps necessary to initiate recovery efforts. She assesses settlement decisions and opportunities and is present at mediations.

Divine Inspiration, PCA  
*Direct Service Worker*

2013 – 2013

As a Direct Service Worker for Divine Inspiration, PCA, Kaiser sat with clients, ran errands, assisted clients to doctor appointments, monitored taking of medications.

CCMSI  
*Medical Claims Adjuster/Clerical-LA & MS Worker's Compensation Claims*

2009 – 2012

As a Medical Claims Adjuster for CCMSI, Kaiser managed medical treatment and monitored bill payment and subrogation SIF claims. She filed and scanned incoming mail and faxes, sent closed files to storage, and opened and coded incoming mail.

CCMSI  
*Claims Adjuster*

2002 – 2009

As a Claims Adjuster for CCMSI, she was involved in Louisiana State Workers' Compensation claims, evaluation, investigation, litigation, and settlement.

RSKCO  
*Clerical Medical Only Claims Adjuster*

1997 – 2002

As a Clerical Medical Only Claims Adjuster for RSKCO, Kaiser was involved in Louisiana and Mississippi Workers' Compensation Claims, set-up, managed medical, and monitored disputed bills.

Tulane Federal Credit Union  
*Customer Service/Clerical*

1996 – 1997

As Kaiser worked in customer service/clerical work for Tulane Federal Credit Union, she processed loan applicants, evaluated credit reports, prepared daily bank deposits, and posted payments to accounts.

**EDUCATION:**

University of New Orleans, New Orleans, LA

**LICENSE:**

Louisiana Adjuster (No. 730361)



**Louisiana Department of Insurance**  
**Timothy J. Temple**  
**Commissioner**

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**VERIFICATION OF LICENSE STATUS**

**License Number:** 730361  
**Name:** Caprice P Kaiser  
**NPN:** 15563342  
**Mailing Address:** 3201 Gen. DeGaulle Drive  
Suite 207  
New Orleans, LA 70114  
**Business Phone:** (504) 702-6814  
**Trade Name(s):**  
**Residency:** Resident

**Lines of Authority**

Claims Adjuster			
Authority	Effective Date	Valid Through	Status
Workers Comp	04/25/2017	10/31/2025	Active

**Company Appointments**

Name	NAIC #	Lines	Issue Date	Status	Inactive Date
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**Affiliations**

Name	Position	Effective Date
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## **Cora Johnson**

*WC Medical Only Adjuster*

### **SUMMARY:**

Cora Johnson has more than 17 years of Claims Adjusting experience with Hammerman and Gainer, LLC, including working on the City of New Orleans Workers' Compensation Claims Administration Program from 2012 – 2016 and working on the workers' compensation claims programs for the other clients out of the New Orleans office.

### **EXPERIENCE:**

Hammerman & Gainer, LLC  
*Claims Adjuster, CWCP*

2006 – Present

Johnson's evaluates claims for payment of various workers' compensation benefits, approves or denies claims as appropriate, initiates payment actions and makes adjustment to fund reserves, investigates claims for compensability, potential subrogation and possible fraud, conducts activity checks and other reviews on permanent injury or death claims or on disputed claims, obtains recorded statements and other evidence, documents results of examination or investigation, and requests outside investigations, surveillance or other actions as needed.

She also advises medical providers, claimants and others on rules, procedures, policies, and laws concerning worker's compensation; authorizes or denies medical or dental treatments, surgery, medical equipment, training, or other services. Since her tenure at HGI, she has acquired all the skills necessary to aggressively investigate claims, provide coverage analysis, determine compensability, and control the medical aspects of the claims as per the Louisiana Workers' Compensation Statutory guidelines. Additionally, Johnson has successfully completed his training to receive his Certified Worker's Compensation Professional (CWCP) designation.

Lofton Staffing Service  
*Personnel Supervisor/Payroll Clerk*

2003 - 2006

Johnson was responsible scheduling appointments for client interviews, inside sales, cold calls for new accounts, clerical and industrial placements, processing weekly payroll of 100+ employees, overseeing multiple phone and heavy public contact. She also screened and conducted daily interviews on new hire employees, processed drug tests, background checks and motor vehicle reports; Maintained records on employees' files; manage yearly vacation reports and safety bonuses; and assisted with workers' compensation claims, including completing reports, attending unemployment hearings, and conducting semi-annual work sites safety inspections.

Regions Bank 1997 - 2001

*Morgan Keegan Investments* 1999 – 2001  
*Sales Assistant*

Johnson was an investment sales assistant responsible for assisting branch personnel and customers with investment transactions. She also kept records of new accounts, conducted cold calls, and performed additional research. She managed the daily functions of the broker reports, monitor daily transaction reports, verified status of daily deposits and customers' accounts, called customers within the required IRS deadline on mature annuity and CD accounts; Facilitated quarterly branch meetings to ensure that branch personnel complied with policies and procedures of investment FDIC laws; And develop new customers by negotiating higher interest rates than other financial institutions.

*Customer Service Representative* 1997 – 1999

Johnson assisted bank customers with opening new accounts including checking, savings, certificates of deposits, and individual retirement accounts. Processed and closed consumer loans and provided support for the company's sales efforts. Assisted in daily branch operations such as balancing the vault, shipping, and receiving money from the Federal Reserve, and scheduled and monthly audits, assisted in teller balancing, and operator teller window as needed. Responsible for customer account maintenance, balancing and replenishing the ATM, collecting on return items, and balancing cash item differences.

**LICENSES:**

State of Louisiana Workers' Compensation Adjuster License (No. 726812)





**Louisiana Department of Insurance**  
**Timothy J. Temple**  
**Commissioner**

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### VERIFICATION OF LICENSE STATUS

**License Number:** 726812  
**Name:** Cora Johnson  
**NPN:** 18363652  
**Business Address:** 3201 General DeGaulle Dr. Suite 207  
New Orleans, LA 70114  
**Business Phone:** (504) 681-6147  
**Trade Name(s):**  
**Residency:** Resident

#### Lines of Authority

Claims Adjuster			
Authority	Effective Date	Valid Through	Status
Workers Comp	03/24/2017	03/31/2026	Active

#### Company Appointments

Name	NAIC #	Lines	Issue Date	Status	Inactive Date
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#### Affiliations

Name	Position	Effective Date
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**Melvina McCoy**  
*Senior Liability Claims Adjuster*

**SUMMARY:**

Melvina has more than 30 years of experience in the Claims Industry. She has worked with Hammerman & Gainer, LLC as a Claims Adjuster for more than a decade.

**EXPERIENCE:**

Hammerman & Gainer, LLC  
*General Liability Claims Adjuster* 2006 – Present

As a Claims Adjuster with HGI, Melvina McCoy investigates insurance claims and determines policy compliance with state and federal guidelines. In addition, she provides necessary support for effective review, research, and investigation of liability claims. She collects and compiles statistics to assist supervisors in conducting detailed liability investigations, and acts as a liaison between liability clients, attorneys, and injured workers. Melvina negotiates claims settlements and oversees that claims are paid out to policyholders.

Creative Risk Controls 2001 – 2006  
*Senior Claims Adjuster*

As a Senior Claims Adjuster with Creative Risk Controls, Melvina was responsible for managing cases of General Liability, Legal, Worker’s Compensation, and Auto Liability cases for the Regional Transit Authority.

Harbor Claims Services 1999 – 2001  
*Senior Claims Representative*

As a Senior Claims Representative at Harbor Claims Services, Melvina handled third party property damage and bodily injury claims, attorney representative filed, and litigation files.

Lyndon Property 1998 – 1999  
*Independent Claims Adjuster*

As an Independent Claims Adjuster at Lyndon property, Melvina specialized in third party property damage and bodily injury claims.

Southern United Fire Insurance Co. 1997 – 1998  
*Senior Claims Adjuster*

As a Senior Claims Adjuster at Southern United Fire Insurance Co., Melvina handled first party losses, third party property damage and bodily injury claims.

Allstate Insurance Company 1996 – 1997  
*Independent Claims Adjuster*

As an Independent Claims Adjuster at Allstate Insurance Company, Melvina handled bodily injury claims, attorney representative files and outside field investigations.

Aetna Insurance Company 1995 – 1996  
*Contract Adjuster*

As a Contract Adjuster at Aetna Insurance Company, Melvina handled bodily injury claims.

Louisiana Guaranty Association (LIGA) 1989 – 1995  
*Senior Claims Adjuster*

As a Senior Claims Adjuster at Louisiana Guaranty Association, Melvina handled litigation, personal, bodily injury, and commercial claims.

Fireman’s Fund Insurance Company 1972 – 1989  
*Claims Adjuster*

As a Claims Adjuster at the Fireman's Fund Insurance Company, Melvina handled first and third-party property damage and subrogation claims.

**EDUCATION:**

Southern University  
2 ½ years of college toward elementary education

Spencer Business College  
1 year of computer science

**CERTIFICATION:**

Fireman’s Fund claims adjuster training program certificate  
Louisiana Adjuster (No. 432104)



**Louisiana Department of Insurance**  
**Timothy J. Temple**  
**Commissioner**

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**VERIFICATION OF LICENSE STATUS**

**License Number:** 432104  
**Name:** Melvina Elaine McCoy  
**NPN:** 9434169  
**Business Address:** 1980 W Main St Litcher, LA 70071  
  
**Business Phone:** (225) 869-6018  
**Trade Name(s):**  
**Residency:** Resident

**Lines of Authority**

Claims Adjuster			
Authority	Effective Date	Valid Through	Status
Property & Casualty	06/30/2007	08/31/2026	Active

**Company Appointments**

Name	NAIC #	Lines	Issue Date	Status	Inactive Date
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**Affiliations**

Name	Position	Effective Date
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## **Scott M Darrah**

*Senior Liability Claims Adjuster*

### **SUMMARY:**

With over 29 years of experience in property and casualty claims, Scott is a seasoned Senior Claims Adjuster skilled in handling complex commercial auto liability and general liability claims. He is adept at overseeing high-volume claims processes from inception to completion, including field risk surveys, investigations, and large-scale property damage assessments following natural disasters. Scott has extensive experience working with multiple carriers, conducting fraud investigations, and ensuring compliance with National Insurance Fraud Bureau standards. Additionally, his leadership in community development and civic engagement showcases his strong commitment to public service and disaster recovery.

### **EXPERINECE:**

HGI 2016 – Present  
*Senior Claims Adjuster*

Commercial Auto Liability adjuster handling and overseeing claims for the City of New Orleans Fleet conducting scene inspections, property damage, and bodily injury portions of the claim from inception to completion.

Access Claims Service 2002 – Present  
*Senior Claims Adjuster*

Established and built independent property and casualty claims adjusting and field risk analysis company which is still in operation. Personally conduct field risk surveys and inspections for various commercial insurance carriers and administrators. Personally conduct high volume field general liability claims losses for multiple carriers as independent field representative. Personally operate on property claims damage assessment response to large named storm disasters for multiple hurricane, tornado, and hail losses and quantifying damages through estimation, typically Xactimate. Operates various Casualty Insurance Loss accounts with various companies such as Venture Transport, Western World, Vanliner Insurance, Landstar Legion, JPSO, and ACME Trucking, as a senior adjuster. Conducts investigations into questionable claims for various carriers such as USAA, AIG, Zurich, and others through a central SIU team structure in search of fraud indicators in accordance with National Insurance Fraud Bureau standards.

Trinity Insurance Services 2001 – 2002  
*Senior Adjuster & Assistant Claims Director*

Worked a steady case load on Commercial and Homeowners Property losses, Transportation Liability, Maritime, and Commercial Auto losses including Venture Transport, Lloyds, Zurich North America, and Louisiana Office of Risk Management.

Allied Adjusters 1995 - 1999  
*Claims Adjuster*

Investigated and handled claims in multiple lines. Extensively trained in claims adjusting and risk Management.

Gulfport Police Department 1994 - 1995  
*Police Officer*

New Orleans Police Department 1989 -1994  
*Police Officer*

Orleans Parish Criminal Sheriff 1987 – 1989  
*Deputy Sherriff*

***Civic Leadership/Community Engagement:***

City of New Orleans Council District D 2008 - 2011  
*Community Development Director and Legislative Director elected council member*

Responsible for overseeing community redevelopment projects, liaison between public works agencies and community groups for community-based projects as well as public-private partnerships.

Gentilly Civic Improvement Association 2005 - 2008  
*Founding President*

Helped coordinate disaster assistance and recovery resources for area residents, small businesses, educational institutions, and other civic groups working with local and state government officials as well as USACE and other groups.

United States Army National Guard 1986 – 1989  
*Service Member*

Functioned as a reserve soldier for Military Police and Secondary Infantry Unit.

**EDUCATION:**

Louisiana State University - General Studies

Delgado Community College - General Studies

**LICENSE:**

Louisiana Adjuster (No. 227392)



**Louisiana Department of Insurance**  
**Timothy J. Temple**  
**Commissioner**

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**VERIFICATION OF LICENSE STATUS**

**License Number:** 227392  
**Name:** Scott Maurice Darrah  
**NPN:** 4697784  
**Business Address:** 1000 Bourbon St  
#217  
New Orleans, LA 70116  
**Business Phone:** (504) 231-9965  
**Trade Name(s):**  
**Residency:** Resident

**Lines of Authority**

Claims Adjuster			
Authority	Effective Date	Valid Through	Status
Property & Casualty	05/28/2008	11/30/2024	Active

**Lines of Authority**

Producer			
Authority	Effective Date	Valid Through	Status
Accident and Health or Sickness	08/27/2014	11/30/2020	Cancelled
Life	10/13/2014	11/30/2020	Cancelled

**Company Appointments**

Name	NAIC #	Lines	Issue Date	Status	Inactive Date
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**Affiliations**

Name	Position	Effective Date
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# Rachelle Hawkins

*Liability Claims Adjuster*

## SUMMARY:

Ms. Hawkins is an experienced Claims Customer Care Professional with a 22-year track record of delivering exceptional results. She is dedicated and self-motivated in providing exemplary customer service to both internal and external customers. With a strong desire to impact the outcome of visions, goals and strategies through diversity and inclusion, Ms. Hawkins has a proven leader with corporate level experience working with Fortune 500 companies.

## WORK EXPERIENCE:

Hammerman & Gainer LLC (HGI) 2017 – Present  
*Claims Specialist*

Managed litigated and non-litigated general, product, property, and auto first and third-party liability claims. Anticipated and evaluated exposure for clients by seeing reserves accordingly. Completed thorough scene investigations. Evaluated coverage to best determine liability and compensability. Established and maintained relationships with clients, attorneys, peers, and other business partners in the resolution of claims.

State Farm Fire Insurance Companies 2021 - 2023  
*Claim Specialist*

Provided direction and oversight to key stakeholders to mitigate risks. Evaluated coverage to best determine liability and compensability. Anticipated and elevated exposure for provider by seeing reserves accordingly. Analyzed claim activities and provided reports to management. Established and maintained relationships with insured, claimants, peers, and other business partners in the resolution of claims.

State Farm Fire Insurance Companies 2001 – 2016

*Fire and Casualty Insurance, Medical Pay, and Enterprise Claims Inventory Management 2014 – 2016*  
Oversaw the medical payment portion, averaging >500 claims on an ongoing basis. Extracted pertinent medical assessments from reports and exams, compiling appropriate information for review, evaluation, and settlement of claim. Obtained medical bills, liens, and judgments for payment directly to policyholders, claimants, providers, and government agencies. Made direct contact to policyholders, medical facilities, Medicare/Medicaid representatives, other insurance companies and other claim related third parties associated to file. Entered CPT and ICD9/10 codes consistent with standard guidelines.



*Fire Litigation Claim Processor, Special Handling Unit*

2007 – 2014

Provided remarkable customer service to internal and external customers with varied experiences, skills, talents, perspectives, and cultures. Received, researched over 6,500 incoming hurricane lawsuits for policy and claim numbers for assignment to claim representatives and corporate lawyers through enterprise systems. Highly skilled in maintaining confidentiality for extremely sensitive data. Collaborated with teammates to ensure a consistent and effective workflow to meet customer's needs. Administered fair resolution of claim handling to customers concerns by executing, resolving, and providing feedback in a timely manner. Liaison between management and all temporary staff, communicating directives and assignments to temporary leased employees for daily operations of litigation unit's workflow. Assisted management in daily calculations of lawsuit counts to report to corporate law offices. Processed claim and litigation payments.

*Auto Centralized Total Loss Unit*

2001 - 2007

Handled or directed 80- 100 calls daily between policy holders, claimants, and claim representatives regarding the total loss of vehicles. Assigned and dispatched loss assignments to 15 claim reps. Ordered and maintained supplies for departments. Posted payments for recoveries issued by in-house attorneys from surrounding parishes. Compounded files for subrogation and collections for previously negotiated settlements. Performed clerical duties, including data entry, filing papers/files, email and calendar management, faxing, coping, operating Pitney Bowes mail machine, etc.

**LICENSING:**

Louisiana Adjuster (No. 536432)



**Louisiana Department of Insurance**  
**Timothy J. Temple**  
**Commissioner**

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## VERIFICATION OF LICENSE STATUS

**License Number:** 536432  
**Name:** Rachelle Guidry-Hawkins  
**NPN:** 16216184  
**Business Address:** 1475 Alison Street  
Gretna, LA 700568601  
**Business Phone:** (504) 669-3441  
**Trade Name(s):**  
**Residency:** Resident

### Lines of Authority

Claims Adjuster			
Authority	Effective Date	Valid Through	Status
Property & Casualty	05/05/2011	09/30/2026	Active

### Company Appointments

Name	NAIC #	Lines	Issue Date	Status	Inactive Date
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### Affiliations

Name	Position	Effective Date
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## **Leon Duncan**

*Vehicle Appraiser*

### **SUMMARY:**

With 36 years of extensive experience as a Claims Adjuster, Leon Duncan is a seasoned professional adept at handling complex commercial and residential insurance claims. Holding multiple certifications and licenses, Leon excels in evaluating coverage, preparing detailed estimates, and resolving a wide range of property, liability, and equipment claims. His expertise includes dispute resolution, cargo and off-road adjusting, heavy equipment, and vehicle appraisals, making him a valuable asset in any claims management team.

### **EXPERIENCE:**

HGI

2011 - Present

*Vehicle Appraiser*

Lead property and senior adjuster over claims. Evaluate coverage/damages and prepare estimates for large commercial and residential insurance claims. Prepare claims for dispute resolution (Appraisal) as an expert witness. Investigate and resolve all aspects of daily and catastrophe property claims resulting from various perils. Cargo and Off-Road Adjusting Heavy Equipment Adjusting. Liability Adjusting, Marine Equipment. RV's, ATV's and Motorcycle Estimates. Auto and Truck Appraisals. Evaluation and values for Total Loss Vehicles.

Cunningham Lindsey

2004 – 2011

*Multi Line Adjuster*

Investigate and resolve all aspects of daily and catastrophe property claims resulting from various perils. Prepare detailed structural estimates for large commercial, residential and auto losses. Prepare and settle detailed business interruption losses. Required to analyze insurance coverages-homeowner and commercial lines. Required to work in a team environment with minimal supervision. Heavy Equipment Adjusting. Liability Adjusting, Marine Equipment. RV's, ATV's and Motorcycle Estimates. Surplus and Excess Adjusting.

Worley Company

2003 – 2004

*Multi Line Adjuster*

Performed the role of handling all aspects of an automobile claim including analyzing insurance coverage's personal commercial lines. Schedule and manage all projects with sub-contractors to assure time and quality compliance. Oversee safety and building code requirements for compliance. Handled residential property losses resulting for catastrophe events. Cargo and Off

Road Adjusting. Heavy Equipment Adjusting. Liability Adjusting, Marine Equipment. RV's, ATVs, and Motorcycle Estimate. Surplus and Excess Adjusting.

Certified Appraisal Service  
*Multi Line Independent Adjuster*

2001 – 2003

Investigate and compile factual information for large casualty claims. Contract and client services representative. Investigated and settled automobile theft and fire claims. Analyzed insurance commercial lines coverage for various company's. Cargo and Off-Road Adjusting Heavy Equipment Adjusting. Liability Adjusting, Marine Equipment. RV's, ATV's and Motorcycle Estimates. Surplus and Excess adjusting.

G.A.B. Robins of North America  
*Independent Catastrophe Adjuster*

1986 - 2001

Investigate and resolve all aspects of catastrophe property claims resulting from tornado, hurricane, hail & wind, flood, fire and water. Prepare detailed structural estimates for large commercial and residential losses. Prepare and settle detailed business interruption losses

Determine BPP and UPP claims. Conduct liability analysis, investigate and settle automobile physical damage claims. Responsible for receiving direct loss notices from the policyholder. Cargo and Off-Road Adjusting. Heavy Equipment Adjusting. Liability Adjusting, Marine Equipment. RV's, ATV's and Motorcycle Estimates. Surplus and Excess adjusting.

Varnado Adjusting Service  
*Multi Line Adjuster*

1979 – 1985

Investigate and resolve all aspects of catastrophe property claims resulting from tornado, hurricane, hail & wind, flood, fire and water. Prepare detailed structural estimates for large commercial and residential losses. Investigated, evaluated and directed the settlement of homeowner and complex commercial losses resulting from Catastrophe events. Caption reporting for large losses requesting file settlement authority from client management. Required to work in a team environment with minimal supervision. Auto and Truck Estimating.

## **EDUCATION:**

Southeastern Louisiana University  
Metropolitan Insurance Company  
Hammond Police Academy, 20 years, Reserve Division  
GAB Robins Adjuster Training  
University of St Louis, GM School  
*Associate Degree*  
Cunningham Lindsey Advance Training for P & C and Commercial Adjusting  
Vale Training Solutions Institute

## **LICENSES AND CERTIFICATION:**

Train Crossing Operation Life Saver Certification, Baton Rouge, LA

Mobile Crane Certification, Cleveland, OH

N.F.I.P. Certified, New Orleans, LA

Automobile Appraisal Mitchell International

Worley Claims Service, Xactimate Software, New Orleans, LA

Mitchell Estimate System, New Orleans, LA

Vale, Xactimate Certification, Dallas, TX

G.A.B. Robins (Heavy Equipment Certifications)

Green Estimating, Vale Dallas Texas

# DBE TEAMING PARTNER

## **STATE & LOCAL DISADVANTAGED BUSINESS ENTERPRISE PROGRAM**

1340 Poydras Street, Suite 1800 | New Orleans, LA 70112

August 15, 2023

### VIA EMAIL

Mr. Earl Brown, Ms. Michele Brown  
CBI Managed Care, LLC  
3201 Gen De Gaulle Drive, Suite 207  
New Orleans, LA 70114  
[Michelebrown9555@gmail.com](mailto:Michelebrown9555@gmail.com)

### **RE: SLDBE Certification Renewal**

Dear Mr. Earl Brown, Ms. Michele Brown:

We are pleased to inform you that CBI Managed Care, LLC has been approved for re-certification as a State & Local Disadvantaged Business Enterprise (SLDBE). This approval represents certification with the City of New Orleans, Sewerage & Water Board of New Orleans, and the Louis Armstrong New Orleans International Airport.

Your firm's contact information will remain active on the online SLDBE Directory (<http://neworleans.dbesystem.com>). It will reflect your areas of certification. Your specialties will be listed with the following NAICS as:

NAICS	54161	Management Consulting Services
NAICS	611710	Educational Consultants; Educational Testing Evaluation Services
NAICS	621999	Medical Case Management Services
NAICS	624310	Job Counseling, Vocational Rehabilitation

A re-certification notice will be emailed to you prior to the date of expiration. However, should you not receive notification from this office for your re-certification, it is your responsibility to contact us. The submittal of this information is necessary to ensure that there is no interruption in your certified status. **If a re-certification application is not received by the renewal date, we will proceed with decertification procedures. Additionally, you must notify our office immediately regarding any changes which affect the social and economic disadvantaged status, size, ownership, or control of your firm.**

We reserve the right to withdraw this certification if at any time it is determined that DBE certification was knowingly obtained by the submission of false, misleading, or incorrect data. We further reserve the right to request additional information and/or conduct an on-site visit at any time while your certification is active.

If you have any questions and or comments, please do not hesitate to contact me.

Sincerely,

*Veronica Christmas*

Veronica Christmas  
Certification Program Manager

Office of Supplier Diversity | City of New Orleans | 1340 Poydras Street | Suite 1800 | New Orleans, LA 70112



# TECHNICAL QUALIFICATIONS/METHODOLOGY

HGI's claims service operational model is equipped with New Orleans based locally trained licensed adjusters ready to respond and conduct a thorough investigation to each accident within an hour of notification. We will secure and collect all evidence that will enable RTA to asset liability and provide the best defense possible.

We utilize Industry Standard Best Practices and Guidelines on how we will administer day to day worker's compensation claims management upon receipt of your claims. Typically, HGI shall receive a telephone call, a notice by fax or an e-mail from RTA relative to an accident or incident. HGI is then required to open a claim in connection with this accident or incident and begin its investigation immediately. The scope of the investigation shall be appropriate to the severity and extent of loss involved.

The following outlines our comprehensive approach to managing workers' compensation claims, developed, and refined over our 15-year partnership to ensure continued success and tailored solutions for your specific needs. This highlights both the expertise we've built together and the ongoing relationship we had established, that emphasizes trust, reliability, and success.

## WORKER'S CLAIMS ADMINISTRATION

### COVERAGE CONFIRMATION (Within 24 Hours of Receipt of Assignment)

1. Within 24 hours of receipt of assignment, the Adjuster is to confirm coverage per client instructions.
2. Any question of coverage is to be immediately discussed with the Claim Manager.
3. Claim Manager will advise client of the coverage issue of assignment via telephone, confirming discussion by fax, e-mail, or in writing.
4. Any declination of coverage will be approved, authorized, and confirmed by fax, e-mail, or in writing by the client, prior to the issuance of any denial of coverage letter.

### CONTACT (Within 24 Hours of Receipt of Assignment)

1. Three- or four-point contact via telephone will be made within 24 hours of receipt of assignment.
2. A minimum of two follow-up efforts are required to contact those parties not reached within 5 days.

## INVESTIGATION (Within 24-48 Hours of Receipt of Assignment)

1. Within 24 hours of receipt of assignment, the Adjuster will begin the claim investigation addressing compensability, exposure, and potential subrogation.
2. Within 24 hours of receipt of assignment, the need for outside investigation will be determined and tasks assigned accordingly. The assignment of outside investigation will be approved by the Claim Manager and by the client if per the client instructions.
3. Within 48 hours of receipt of assignment, the Adjuster will initiate action to obtain records and send the necessary forms, based on the information obtained during the three-point contact.

## MANAGED CARE

1. Within 24 hours of receipt of assignment, all medical only and lost time cases that fit the Telephonic and On-site Referral Criteria as outlined in the client instructions are immediately sent to the Nurse Case Manager for review.
2. If the medical condition warrants further case management activity, the nurse will contact the injured worker to:
3. Explain the Telephonic Case Manager's role.
4. Assess the injured worker's symptoms, level of understanding of their medical condition and the prescribed medical treatment.
5. Assess the injured worker's compliance with treatment recommendations.
6. Assess the injured worker's satisfaction with the medical treatment and physician.
7. Assess the injured worker's return-to-work mentality.
8. Any claim that deviates from established referral criteria would be referred for consideration of assignment for on-site case management. The following are assigned for immediate case management:
  - a) Low Back Sprain/Strain
  - b) Knee Injuries
  - c) Groin Injuries
  - d) Carpal Tunnel Syndrome
  - e) Head Trauma (closed or open), Non-Catastrophic
  - f) Fractures
  - g) Multiple Trauma
  - h) Serious Burns
  - i) Complex Lacerations
  - j) Crush Injuries
  - k) Motor vehicle accident (work related)
  - l) Employees over age 60
  - m) Chiropractic care



- n) Employees with other known medical problems
- o) Employees with multiple WC injuries
- p) Stress related conditions
- q) New employees
- r) Within 24 hours of receipt of assignment, injuries involving the following will be immediately referred for on-site case management.
- s) Spinal cord injuries
- t) Brain injuries
- u) Second degree (30%) and third degree (10%) burns
- v) Amputation
- w) Impairment – vision or hearing by 50% or more.
- x) Nerve damage
- y) Cardiac failure
- z) Environmental claims
- aa) Severe internal injuries
- bb) Multiple factors including occupational disease cases.

## RESERVING

1. Initial Medical Only reserves are established within 24-48 hours of receipt of assignment.
2. Initial Lost Time reserves are established within 10-14 days of receipt of assignment.
3. Reserves are reviewed minimally every 60-90 days, however, case progress, activity, and additional information obtained during and throughout the investigation will dictate the necessity for a reserve review.

## LITIGATION MANAGEMENT

1. Within 24 hours
2. The Adjuster will notify the Claim Manager of a Summons & Complaint and/or any other litigation notification.
3. The Adjuster will notify appropriate client company personnel per client instructions, and request authorization to assign file to approved defense counsel for filing of timely answer.
4. Within 48 hours
5. The Adjuster is required to assess the case for ultimate case exposure, identifying next steps, options, and an action plan.
6. As per client specific instructions, we will continue to collaborate with RTA's general counsel to manage day-to-day litigation matters and ensure that reserve exposures are established and documented.

## SUBROGATION

1. Immediately upon receipt of the assignment, the Claim Manager/Supervisor will review the first report of loss for potential subrogation.
2. If subrogation potential exists, the file will be stamped “Subrogation” and Statute of Limitations date will be clearly posted on the front of the file jacket.
3. Within 24-48 hours, the Adjuster will identify potential third parties, evaluate the probability of recovery, and place all third parties on notice of clients’ lien interest.
4. The Adjuster will contact the designated client contact person per client instructions, advise of subrogation potential, and request authorization for on-site investigation.
5. The Adjuster will report results of initial subrogation investigation to client within 30 days of file creation, and send a status report every 90 days thereafter.

## REPORTING

1. An acknowledgement of receipt of assignment if required, will be sent in accordance with client instructions.
2. Per the State Worker’s Compensation Board/Commission, and/or Department of Industry and Labor, all required filings will be made in accordance with jurisdictional requirements and time frames.
3. HGI provides RTA with a monthly loss run and/or reserve report to the designated RTA staff and the RTA insurance broker firm of record.
4. HGI provides loss-runs and/or required reports to RTA’s external, financial auditors and excess carriers.
5. Regardless of reserves, the following catastrophic losses must be reported to the client. Any specific client instructions to the contrary supersede internal Hammerman & Gainer, Inc. Claim Management Performance Standards.
  - a) Fatalities
  - b) Spinal cord injuries resulting in paraplegia or quadriplegia
  - c) Brain Damage affecting mentality, including, but not limited to, such conditions as permanent disorientation, behavior disorder, personality change, seizure, motor deficit, aphasia hemophilia or unconsciousness
  - d) Third Degree Burns covering at least 10% of the body or Second-Degree Burns covering at least 30% of the body
  - e) Amputations
  - f) Impairment of vision or hearing by 50% or more
  - g) Nerve Damage causing paralysis or loss of sensation in arm, hand, or leg
  - h) Massive Internal Injuries affecting a body organ or organs
  - i) Multiple fractures involving more than one member, mal-union or significant shortening of the limbs

- j) Fracture of both heel bones
- k) Occupational Disease such as asbestosis, black lung disease and long-term chemical exposure
- l) Back injury claims requiring surgery or with a disability of one year or more
- m) Any disability of more than one year
- n) Permanent Total Disability
- o) Cardiac Failure
- p) Paralytic Stroke
- q) Sexual Assault and Molestation
- r) Any controversy as to coverage, state law, reserving, settlements, or an allegation of bad faith made to the adjustment company

## SUPERVISION

Immediately upon receipt of a first report of loss, the Claim Manager/Supervisor reviews the first report and client instructions to outline a plan of action for timely and thorough investigation by the Adjuster. The Claim Manager/Supervisor's initial review focuses on the following claim management issues.

1. Special Client Instructions (Within 24 Hours of Receipt of First Report)
2. The Claim Manager/Supervisor reviews the Special Client Instructions to make sure all unique client instructions are clearly understood and followed.
3. Coverage Confirmation (Within 24 Hours of Receipt of First Report)
4. The Adjuster, in accordance with Client Instructions confirms coverage.
5. Contact (Within 48 Hours of Receipt of First Report)
6. Determine Compensability (Within 72 Hours of Receipt of First Report)
7. Evaluate Claim and Establish Initial Reserves (Within 72 Hours of Receipt of First Report)
8. Calculation of Average Weekly Wage (Within 72 Hours of Receipt of First Report)
9. Request and obtain needed wage statements to calculate AWW and indemnity benefits.
10. File is documented to reflect how AWW was calculated.
11. Subrogation Addressed (Within 72 Hours of Receipt of First Report)
12. Initial Supervisory File Review (Within 14 days of Receipt of First Report)
13. On-going Thirty Day Supervisory File Review Until Closed

## CATASTROPHIC CASES

1. Catastrophic diagnoses will be reported via immediate notification to RTA General Counsel and/or RTA Chief Legal Counsel. Further, as noted in "Case Reserving Practices", above, appropriate RTA personnel will be notified when a reserve is set or adjusted in a catastrophic matter.
2. Expedited reporting will be completed so RTA may report such matters to the Federal Transportation Administration (FTA), the State of Louisiana (DOTD), and/or the National Transportation Safety Board (NTSB}, as necessary, within extremely limited time constraints.

## CLAIM DENIALS

1. Communicate with appropriate RTA staff, insure personnel and all other parties as necessary.
2. Request approval for all claim denials
3. Prepare electronic report for denial outlining specific reasons for each case and submit to RTA General Counsel and/or RTA Chief Legal Counsel so they may independently review and/or assess reasons for case denial.

## SETTLEMENT AUTHORIZATION

1. Relative to worker's compensation matters, HGI shall have settlement authority in the amount up to \$20,000 per claimant.
2. Any additional settlement authority shall be sought in writing from RTA General Counsel and/or RTA Chief Legal Counsel.

Our claims management workflow is designed to ensure efficiency, accuracy, and timely resolution. Each claim is managed by a dedicated adjuster who is responsible for the following key tasks. This description conveys the professionalism and thoroughness of our claims management process.

## **CARE & CLAIMS MANAGEMENT WORKFLOW**

### INTAKE (the first 24 hours)

1. Assignment received  
Received via 1-800 number or at Point of Service (fax or phone)
2. Assignment indexed for duplicates
3. Supervisor assigns case to appropriate Adjuster  
Medical only cases assigned to medical-only Adjuster  
Lost-time cases assigned to lost-time Adjuster

### INVESTIGATION (the first 48 hours)

1. Coverage Verification  
Completed within 48 hours of receipt of assignment. Benefits are not authorized or administered if there is a coverage question, in accordance with state guidelines. Denying coverage is not within the purview of the branch office; the Risk is notified of coverage questions and direction obtained.  
  
With coverage confirmed, if it is determined that the assignment involves a cumulative trauma or occupational disease injury, the Adjuster identifies and places on notice any codefendants in order to apportion liability in jurisdictions that allow subrogation on statutory workers compensation.
2. Case Creation  
The Adjuster will create the case in ClaimPilot.
3. Assign catastrophic diagnoses to Medical Case Manager  
Catastrophic diagnoses will be routed to a Medical Case Manager for immediate evaluation and dispensation once coverage and compensability is determined. Catastrophic diagnoses include:
  - a) Spinal cord injuries resulting in paraplegia or quadriplegia
  - b) Brain damage affecting mentality, including, but not limited to, such conditions as permanent disorientation, behavior disorder, personality change, seizure, motor deficit, aphasia, hemophilia, or unconsciousness
  - c) Third degree burns covering at least 10 percent of the body or second-degree burns covering at least 30 percent of the body
  - d) Amputations

- e) Impairment of vision or hearing by 50 percent or more
- f) Nerve damage causing paralysis or loss of sensation in arm, hand, or leg
- g) Massive internal injuries affecting a body organ or organs
- h) Multiple internal injuries affecting a body organ or organs
- i) Multiple fractures involving more than one-member, mal union, or significant shortening of limbs
- j) Fracture of both heel bones
- k) Occupational disease such as asbestosis, black lung disease and long-term chemical exposure
- l) Back injury claims requiring surgery
- m) Cardiac failure
- n) Paralytic stroke
- o) Sexual assault or molestation

#### 4. Three-Point Contacts

Timely and thorough contacts are key components that allow the Adjuster to maintain control of many facets of the developing claim.

A minimum of two follow-up contact efforts are required to contact those parties not reached within five (5) working days of assignment. Follow-up contacts will be made by phone, unless a personal visit is appropriate, in which case an assignment will be made to an on-site investigator and/or medical case manager. All contacts are detailed in the Claim Progress Notes.

#### 5. Claimant Contact

Early contact with the claimant should reduce the likelihood of an adversarial relationship and of future attorney involvement. Timely contact also leads to early determination of compensability issues and timely payment of benefits, as well as early managed care involvement. The Adjuster will obtain:

- a) Facts of the accident
- b) Identification of witnesses
- c) Job information, to include title, occupation description, job requirements, equipment utilized, etc.
- d) Information concerning injury and treatment, including subjective comments concerning pain, prior injuries, identification of medical providers, concurrent treatment issues, etc.
- e) Determine severity of injury and potential for extended work loss
- f) Employee's attitude toward employer, medical treatment, timely return to work, etc.
- g) Secure a signed medical release

- h)** An explanation of benefits and the future course of action to the injured employee
- i)** Channel to PPO network

#### **6. Employer Contact**

The following points will be addressed with the employer at the time of initial contact:

- a)** Disability status of the employee
- b)** Prior claims (Index Bureau)
- c)** Verification of information on employer's First Report
- d)** Employer's supervisor's report
- e)** Employee's personnel records
- f)** Identification of potential witnesses
- g)** Police report/Security report
- h)** Subrogation issues
- i)** Description of job duties
- j)** Length of employment
- k)** Confirmation of lost time
- l)** Availability of modified/transitional work duty
- m)** Verify wages
- n)** Obtain wage statement/compute average weekly wages

#### **7. Physician Contact**

The Adjuster will determine who the primary treating physician is, contact him/her, and:

- a)** Determine the extent and severity of the injury
- b)** Identify a treatment plan and prognosis
- c)** Ensure that the injured worker is receiving effective, medically appropriate treatment
- d)** Establish anticipated length of disability and cost of treatment to set accurate reserves
- e)** Notify the physician of utilization management requirements
- f)** Refer the claim to utilization review for pre-certification of treatment
- g)** Identify work restrictions and limitations
- h)** Identify other factors or preexisting problems affecting or influencing disability duration
- i)** Target an appropriate RTW date that is based on disability guidelines and category of work
- j)** Identify the physician's willingness to release the injured worker to appropriate modified/transitional duty

**8. Secure recorded statement(s)**

Issues to consider when deciding if a recorded statement is appropriate would include:

- a)** Inappropriate or excessive medical treatment
- b)** Stress claims
- c)** Subrogation is an issue
- d)** Fatality
- e)** Severe injury
- f)** Preexisting condition
- g)** Suspected fraud
- h)** Cumulative trauma if short duration of employment
- i)** Serious occupational disease
- j)** Compensability issue

**9. Set initial reserves**

The Adjuster will use the information gathered in the first 72 hours to set initial reserves. Continual follow-up will be made to obtain more information as the claim progresses in order that more accurate reserves be set within 14 calendar days of assignment.



Throughout the life of each workers' compensation claim, our dedicated adjusters carry out ongoing tasks to ensure optimal claim outcomes. This description highlights the adjuster's role in proactive claim management and collaboration, ensuring each claim is handled with diligence from start to finish. These tasks include:

### **ONGOING CLAIMS MANAGEMENT TASKS**

(from point of coverage/compensation determination to case resolution)

#### **1. Complete Case Creation**

- a)** Input CLAIMPILOT data within 12 hours of receipt of assignment
- b)** Request medical information
- c)** Send letter of medical authorization to claimant for signature
- d)** File First Notice of Injury with state when applicable
- e)** Create file
- f)** Route provider bills to Integra Management Company

#### **2. Reserve Revisions**

Within 14 calendar days of assignment, the Adjuster should have obtained the wage statement and calculated the Average Weekly Wage and Compensation Rate. Forms to the Insurance Commission need to be filed if required. Medical reports should be received, and this information used to reevaluate reserves.

#### **3. Accident Description and Documentation**

To be completed within a maximum of 14 calendar days after case creation. This documentation will be entered in ClaimPilot. Mandatory discussion will include:

- a)** Introduction
- b)** Reserves
- c)** Coverage
- d)** Notification/Notice
- e)** Jurisdiction
- f)** Compensability
- g)** Insured/Risk
- h)** Claimant/Employee
- i)** Wages/Compensation Rate
- j)** Description of Accident
- k)** Witnesses
- l)** Injury/Medical Treatment
- m)** Lost Time/Disability
- n)** Disability Management/Rehabilitation

- o)** Index
- p)** Third Parties/Contributors
- q)** Subrogation
- r)** Second Injury Fund
- s)** Attorney Representation
- t)** Litigation Status
- u)** Recommendations/Action Plan

**4. Medical Severity Review**

A Medical Case Manager will perform a medical severity review on all injuries that have incurred 2 weeks of lost time. Information that will be reviewed includes data documented in ClaimPilot, recorded statements, and medical reports submitted by providers.

If uncomplicated, return to work is imminent; the nurse will document “no recommendation” in ClaimPilot.

If uncomplicated, return to work is not imminent, the nurse will recommend early medical case management intervention that will include a flat-rate, 1-, 2-, or 3-point contact, depending on individual case merit and missing essential data. If approved by the Adjuster, the nurse will:

- a.)** Complete initial fact gathering process
- b.)** Conduct telephonic interviews with the claimant, employer, and/or medical providers to obtain essential data necessary to manage the claim, control medical costs, and reduce time lost from work.

**5. PPO channeling**

Where opportunities exist, the nurse will channel the worker to appropriate medical providers in the established preferred provider network.

**6. Discuss managed care requirements**

The nurse will discuss and clarify managed care requirements with the claimant and medical providers.

**7. Secure job duty information/alternate duty information**

The nurse will secure a job description from the employer, if not already obtained by the Adjuster. If the job description fails to accurately describe the essential functions of the job of injury, the nurse will secure one from the worker’s immediate supervisor.

The nurse will forward this information to the physician with the objective of securing the earliest, safest return to the job of injury either as a full release or as a partial, transitional release.

**8. Secure treatment plan**

The nurse will secure a detailed treatment plan from all treatment providers. The nurse will compare the treatment plan and length of disability projection to established treatment guidelines. Deviations from established treatment guidelines will be discussed forthrightly with the treating physician and inappropriate plans challenged by securing RME's/Peer Reviews as warranted.

**9. Develop/execute 90-day Case Management Plan**

The nurse will have five (5) workdays to complete the above 1, 2, 3-point contact(s). Upon completion, the nurse will develop a 90-day case management plan that documents in ClaimPilot the goals, barriers, and recommendations for case resolution. Upon approval of recommendations (which may include task assignments to an on-site case manager), the nurse will execute her plan, documenting all activities in ClaimPilot.

If the nurse discovers issues that indicate continued telephonic management infeasible for successful, early, safe return to work, she/he may recommend an alternate course of action, which may include referral to full on-site case management. If approved by the Adjuster, the nurse will make the assignment and supervise the activities of the on-site consultant. At any point in time that telephonic management becomes feasible, the nurse may request closure of the on-site assignment and assume telephonic management, with Adjuster authorization.

**EVERY 30-60 DAYS OF ON-GOING CLAIMS MANAGEMENT**

**1. File Reviews**

All subsequent file reviews are to be completed at 30-to-60-day intervals unless otherwise warranted or requested by the client. The timing of file reviews should be determined by the facts of an assignment. Critical developments or catastrophic injury claims may demand ongoing file reviews at less than 30 to 60-day intervals.

File reviews will address the following mandatory information in ClaimPilot:

- a) Lost time/Disability Benefits**
- b) Injury/Medical Treatment**
- c) Third Party/Subrogation Recommendation**
- d) Medical/Vocational Rehabilitation Management (if applicable)**
- e) Litigation Management (if applicable)**
- f) Settlement Evaluation (if applicable)**
- g) Action Plan (to include time frames)**

2. Re-indexing

Re-indexing is required at six-month intervals for the life of the file, unless superseded by specific client instructions.

#### CASE CLOSURE

1. Close case when:

The claimant returns to full duty with the employer of the injury and medical treatment ends.

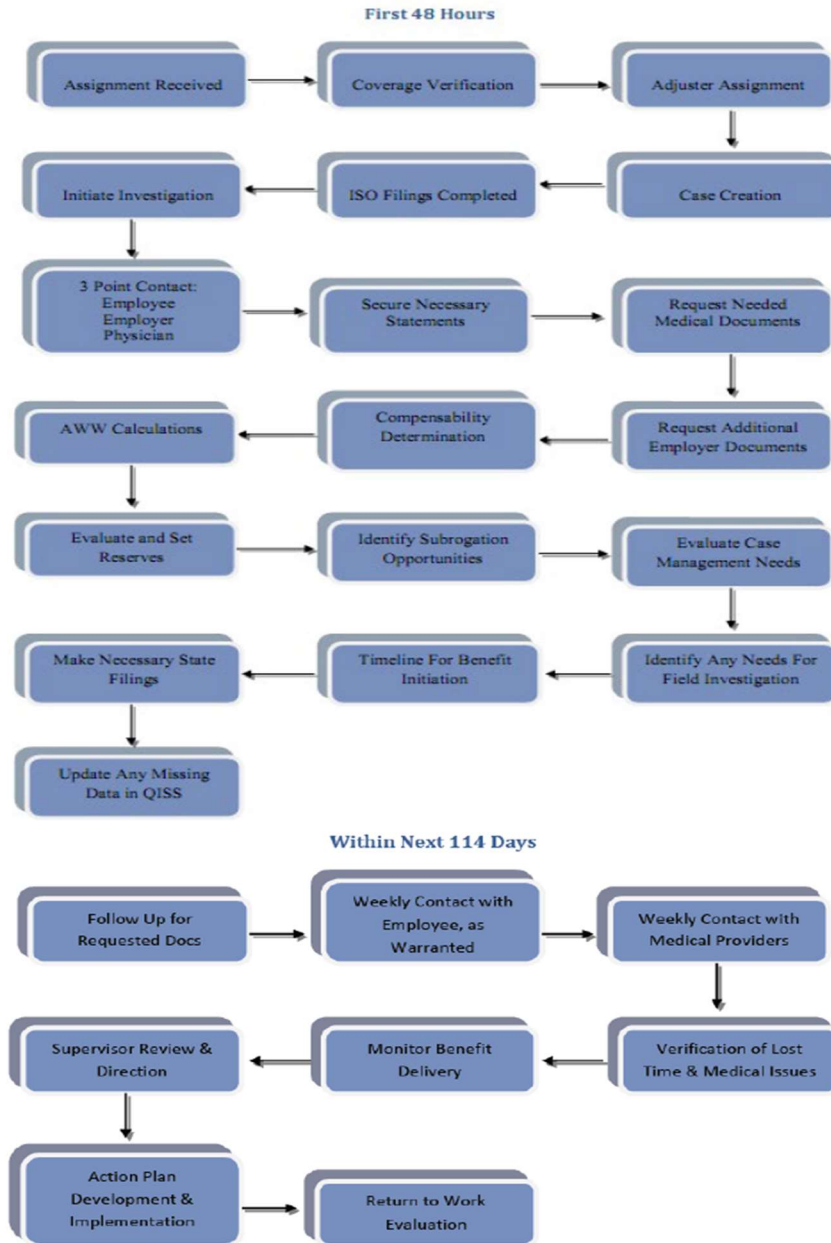
2. The injured worker returns to full duty with a new employer and medical treatment ends.

3. The injured worker reaches maximum medical improvement/stationary status and settlement is reached.

4. The client requests file closure.

5. PPD settlement and statutory closure.

## Workers' Compensation Claims Workflow Chart



HGI's claims service operational model is equipped with New Orleans based locally trained licensed adjusters ready to respond and conduct a thorough investigation to each accident within an hour of notification. We will secure and collect all evidence that will enable RTA to asset liability and provide the best defense possible. Our claims management standards for automobile and general liability claims are designed to ensure consistency, compliance, and exceptional outcomes. Our approach focuses on prompt and thorough investigation, proactive communication, and strategic resolution, aligning with industry best practices and regulatory requirements. This provides a structured, results-oriented approach to claims management, emphasizing the professional standards and processes we uphold to achieve optimal outcomes.

We utilize Industry Standard Best Practices and Guidelines on how we will administer day to day automobile and general liability claims management upon receipt of your claims. Typically, HGI shall receive a telephone call, a notice by fax or an e-mail from RTA relative to an accident or incident. HGI is then required to open a claim in connection with this accident or incident and begin its investigation immediately. The scope of the investigation shall be appropriate to the severity and extent of loss involved.

The following outlines our comprehensive approach to managing automobile and general liability claims, developed, and refined over our 15-year partnership to ensure continued success and tailored solutions for your specific needs. This highlights both the expertise we've built together and the ongoing relationship we had established, that emphasizes trust, reliability, and success. Key performance standards include:

## **AUTOMOBILE & GENERAL LIABILITY CLAIMS** **MANAGEMENT STANDARDS OF PERFORMANCE**

### COVERAGES

1. Proper policy used - Applicable to insured and loss description
2. Coverage Analysis conducted - Coverage analysis (persons, perils, property, loss location, hazards, accidental, time)
3. Identify Governmental Immunity, proceed accordingly
4. Primary/excess identified - Documented in note screens
5. Coverage denial procedure followed – Proper letter, manager approved
6. Excess letter sent – When applicable

## INVESTIGATION

1. Onsite investigations and after hours on-call capabilities
2. 24-hour contacts – from time of assignment
3. Statement of Insured – Contact, interview, and recorded statement when necessary
4. Statement of Claimant – Contact interview, and recorded statement when necessary
5. Statement of Witness – Contact, interview, and recorded statement when necessary
6. Photos – Vehicles, real property, scene photos, injury evaluation when necessary
7. Police report – when available
8. Vehicle damages investigated – Inspection and photos
9. Parked vehicle loss – ISO search by VIN and claimant name
10. Report prepared – within 10 days of receipt of claim

## LIABILITY ASSESSMENT

1. Collect and compile documentation to support liability determinations and damages.
2. Comparative negligence (if applicable) – Describe comparative rule, apply to facts of claim
3. Decision documented – Note screen law of venue and describe applicability to investigation
4. Joint-tortfeasor recognized (if applicable) – Identify other parties at fault and actions to include in settlement process
5. Timeliness of decision – Assess at conclusion of investigation, revisit if changes occur

## CLAIMS PROCESS/SETTLEMENT

1. DOI reg compliance – According to loss state regulations or guidelines
2. Timely response to demands – within 10 days of completed liability and damage assessment PD, 30 days BI
3. Adherence to limits of liability under statutory guidelines
4. Settlement within authority – Authority
5. Evaluation documented – Thorough description of settlement evaluation (liability and damages)
6. First call settlement – When opportunity presented (complete note screen documentation)
7. Negotiations documented – Note screen documentation of demands, offers, settlement (one or multiple notes)
8. Authority obtained – According to procedure guidelines

## DAMAGES/PROPERTY

1. Appraisal of vehicle and property damages
2. Betterment/depreciation/LKQ – Estimate review for items described.
3. Proof of Loss/ownership – Verification of ownership vehicles and real property.
4. Loss of use controlled – Actual repair days or cash settlement based on estimate labor hours.
5. Proper salvage docs. received – Ownership certificate, power of attorney, transfer of ownership certificate.
6. Property inspection within 48 hours – From property assignment (unless delayed by claimant)
7. Salvage addressed and accounted for – Documented in note screens or owner retained.
8. ACV established – Documented in note screen.
9. Business interruption controlled – calculated per expected repair time and noted for any delays.

## DAMAGES/BODILY INJURY

1. Medical verified – Medical report and bills in file – Reviewed when applicable.
2. Loss of wage verified – Confirmed with employer and supported by medical report.
3. Medical authorization requested – Upon notice of injury (including represented claimants through attorney)
4. Wage authorization requested – Upon notice of wage loss (including represented claimants through attorney)
5. Evaluation in file – Documented in notes screens with clear and complete assessment.
6. Adherence to limits of liability under statutory guidelines.
7. Negotiations documented – Note screen documentation of demands, offers, settlement (one or multiple notes).
8. First call settlement – When appropriate and documented in note screen.
9. Timely response to demands – Within 30 days of final medical or demand package.
10. Settlement within authority – Authority

## RESERVING

1. All claimants/coverage reserved – Explained in notes screen (yes, no, reason).
2. Changes made timely – According to all reserve guidelines.
3. Dangling reserves eliminated (closed files) – All exposures at \$0 reserve at closing of file and claims coded closed in ClaimPilot



## SUBROGATION

1. Immediately upon receipt of the assignment, the Claim Manager/Supervisor will review the first report of loss for potential subrogation.
2. If subrogation potential exists, the file will be stamped “Subrogation” and Statute of Limitations date will be clearly posted on the front of the file jacket.
3. Within 24-48 hours, the Adjuster will identify potential third parties, evaluate the probability of recovery, and place all third parties on notice of clients’ lien interest.
4. The Adjuster will contact the designated client contact person per client instructions, advise of subrogation potential, and request authorization for on-site investigation.
5. The Adjuster will report results of initial subrogation investigation to client within 30 days of file creation, and send a status report every 90 days thereafter.

## FILE DOCUMENTATION

1. Diary maintenance – ClaimPilot on diary and up to date within 10 days.
2. Have supervisor review instructions been followed? Complete and documented in note screen.
3. Subrogation realized – Explained in note screen.
4. Initial report to client – Within ten days of assignment.
5. Plan of action – Upon receipt of assignment. Note screen description of steps needed for resolution.
6. POA follow up – Note screen documentation of action steps completions and supervisor direction completions.
7. File indexed – On cases with suffix at \$10,000 +
8. Organized file – physical file orderliness.
9. Clear and precise documentation – Do the note screens tell the story of the claim? (Clear, concise, complete)
10. Re-assignment/new POA – Note screen file review summary and note new POA.

## LITIGATION MANAGEMENT

1. As per client instructions.

## UNIT SUPERVISOR EVALUATION

1. File on diary – ClaimPilot diary and up to date within 15 days
2. Supervisor direction – On all diary dates with note screen review and direction

3. Timely reviews – Minimum standards – PD 15 to 30 days, BI 45 to 60 days, Litigation 30 to 90 days

#### CATASTROPHIC CASES

1. Catastrophic diagnoses will be reported via immediate notification to RTA General Counsel and/or RTA Chief Legal Counsel. Further, as noted in "Case Reserving Practices", above, appropriate RTA personnel will be notified when a reserve is set or adjusted in a catastrophic matter.
2. Expedited reporting will be completed so RTA may report such matters to the Federal Transportation Administration (FTA), the State of Louisiana (DOTD), and/or the National Transportation Safety Board (NTSB), as necessary, within extremely limited time constraints.

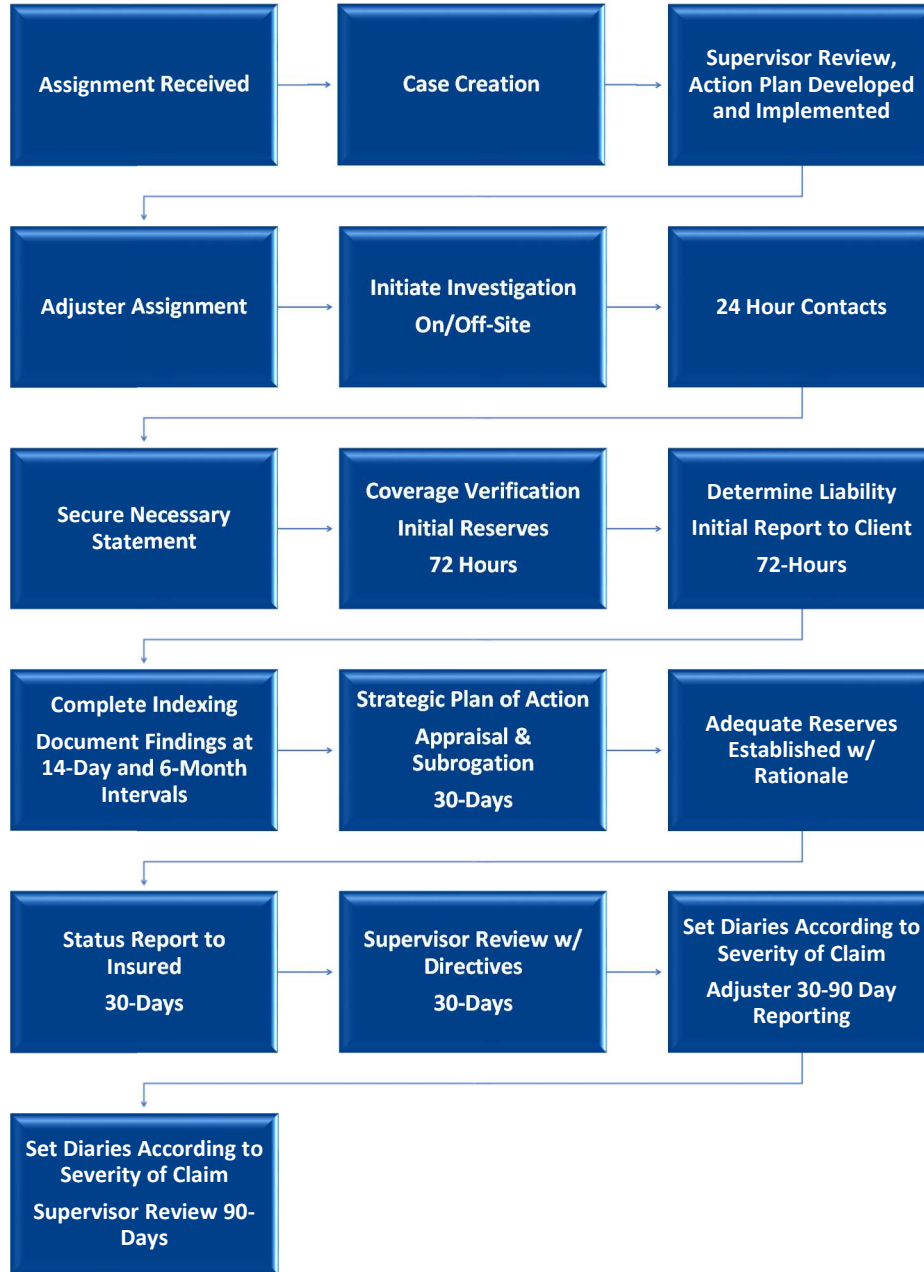
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#### SETTLEMENT AUTHORIZATION

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2. Any additional settlement authority shall be sought in writing from RTA General Counsel and/or RTA Chief Legal Counsel.

## Liability Claims Workflow Chart



## Litigation Management

Any file that proceeds to an administrative hearing or litigation receives very special attention and supervision from our litigation management claims supervisors. Our supervisors are knowledgeable in the management of losses through the District and Appellate court system as well. Part of their function is coordination, direction, supervision and monitoring of defense counsel on behalf of our clients if requested. We not only offer monitoring of defense counsel activity, planning and budgeting, selection and authorization of personnel and numbers of legal counsel authorized to handle a litigated claim, we also offer monitoring of defense costs.

The only time you would require outside counsel or Legal Staff would be if a claim went to District Court. We will be happy to coordinate these rare occurrences with your legal staff or outside counsel, whichever you prefer.

Unless you request otherwise, our Hammerman & Gainer, Inc. (HGI) Claims staff will coordinate all matters in litigation directly with legal counsel, including monitoring of the answer date, assistance in the evaluation of the loss, providing all file evidence to legal counsel, helping develop and securing defense counsel's plan for handling of the lawsuit, including their evaluation of the evidence and applicable law, and their estimate of ultimate exposure, etc. Our adjusters may be called upon to review interrogatories, attend depositions, and trial, etc. We also closely monitor, review, and recommend for approval all appropriate legal expenses on your behalf.

### Assignment Letter

If a claim proceeds to Court, our firm provides an Assignment Letter to defense counsel outlining the claim/data being provided with our comments on significant points on the loss.

We state our views very plainly and advise whether we believe the case needs to be tried to verdict, if it is one we wish to settle, etc. In this letter, we ask defense counsel to fully review the file and provide his written thoughts regarding any additional investigation he may feel necessary.

### Litigation Plan

We ask the attorney to provide a Litigation Plan, encompassing his recommendations on what discovery should be conducted. We ask for the attorney's opinion on the verdict potential based on the file as it stands at this time, and an opinion on the chances of the plaintiff securing a verdict. We insist on a very complete defense budget with a description of all estimated costs for trial, including defense counsel fees.

In our assignment letter, we make it very clear that we are in charge of the case and that all decision making must be approved in advance by our Litigation Management Supervisor on behalf of our clients. Most legal entities have a flat fee or hourly rate agreement with their clients. If the rate is a flat fee, it is very easy to document the proper charges. We require a

written estimate of discovery and litigation activities and their associated expenses through jury verdict.

We make the determination whether one or two attorneys may be necessary to adequately prepare for the trial. This alone can have a great effect on the bottom-line costs for a litigated file. An integral part of our firm's claims administration services is coordination, direction, supervision and monitoring of defense counsel. Because very few claims are litigated and the issues are usually limited in scope, it is not a difficult process to monitor litigation costs.

### Pre- Trial Evaluation

Following receipt of the initial defense counsel response, we ask the attorney to provide us with a pre-trial evaluation report between 30 and 60 days of the trial. Our claim supervisors and litigation managers review both sides of the case from the defendant and plaintiff points of view. This thoughtful analysis prepares us for the proper defense and management of the loss. By looking at a file from all angles, we believe that we can better prepare for trial.

### Negotiation Plan

We prepare a Negotiation Plan as well, which consists of:

- Our opinion of a desirable monetary settlement target figure
- We determine a maximum monetary figure that we are willing to pay before a case proceeds to the jury
- We also provide defense counsel with our opinion on an appropriate initial offer
- Recommendations for increases in response to anticipated demand variations
- Negotiation arguments favorable to defense and plaintiff

We believe that this plan should be fully completed as soon as possible but no later than 30 days before trial.

### Negotiations

When a trial gets to the point where negotiations take place, it is our job to continue to maintain control of the negotiation amounts and timing of offers. We believe in making reasonable offers to claims in litigation. By offering a reasonable amount, we give the plaintiff attorney an opportunity to present our offer to his client and in many cases to accept our offer. At the conclusion of the trial but before the case goes to the jury, depending upon how the trial has proceeded, it may be in our client's best interest to offer a figure close to or at the maximum amount our client is willing to pay. If defense counsel accepts, then the case is settled. If not, nothing is lost by extending this offer to opposing counsel.

### Appearance During Trial

We believe that our representative should be present during the trial as well. We will verbally report to our client during the trial on the progress of the case, and following the trial, we submit a post-trial report to our client. We believe that our presence at trial is important because defense

counsel is often very physically and emotionally involved, and we believe that during this time, we can provide a more objective and dispassionate evaluation.

By staying actively involved in the lawsuit from start to finish, not only do we believe we provide a better product and end result for our clients. We also provide very close monitoring of defense counsel's activities and resulting charges for their services.

## Litigation Attorney Guidelines

REPORTING/CONFERENCE	CONTENTS	WHEN REQUIRED
Send written acknowledgement upon receipt of assignment.	Brief memo acknowledging date of assignment and name of handling attorney.	Within 48 hours of receipt of assignment.
Initial Defense Strategy /Phone Conference with Adjuster	To develop Defense Strategy for handling of case.	Within 14 days of receiving copy of complaint or citation.
Submit Written Copy of Answer	Send cover letter with copy of answer to complaint to Adjuster	Within 5 days of filing answer with the court.
Defense Strategy Report & Budget	First written captioned report to Adjuster.	Within 45 days of assignment.
Research Confirmation/Written	Brief letter confirming permission to conduct research; must include estimated time and purpose.	Within 24 hours of approval.
Legal Research Synopsis/Written	Provide synopsis of research.	Within 30 days of authority being granted to conduct research.
Standard Reports/Written	Brief written reports to confirm or report on deposition summaries, answers to interrogatories, experts, court conferences, motions, etc.	Within 5 workdays of event or receipt of information.
90 Day Status Teleconferences/Verbal	Verbal teleconference with Adjuster, discuss status of discovery.	90 Days from Defense Strategy Report and every 90 days thereafter.
Summary Status Report (Liability and Workers Comp)/Written	Written summarization of activities and status updates to include activities to be completed. Assess issues of liability, damages, discovery, and evaluation.	Within 5 workdays of status teleconference (every 90 days after submission of Defense Strategy Report)

Use of Experts/Written	Brief letter confirming use of any experts and purpose.	Within 24 hours of approval.
Expert Witness Report/Written	Cover letter attaching expert witness report; include your legal assessment of the findings.	Within 5 workdays of receipt of expert report.
Trial Confirmation/Written	Brief letter to indicate trial date.	Within 5 days of notification of trial date.
REPORTING/CONFERENCE	CONTENTS	WHEN REQUIRED
Pre-Trial Evaluation Report/Written	Written outline indicating evaluation of facts, discovery, settlement issues, recommendations, jurisprudence, anticipated outcome, chances of prevailing.	30-45 days prior to trial date.
Trial Teleconferencing/Verbal	Minimum of two (2) calls daily to adjuster, client representative, Risk Manager (as needed) to advise of jury selection, opening arguments, testimonies, etc.	Minimum of two (2) calls per day.
Post-Trial Report/Written	The content, details and length of the report will vary on the trial outcome. A positive outcome will simply require a focus on potential appeal by the plaintiff. A negative outcome will require substantive details, with emphasis on any appeal options and chances of appeal being granted.	Within 5 workdays of trial conclusion.
Mediation Conferences	Will be attended and handled by Adjuster.	If case is not resolved at mediation, case will be copied and forwarded to defense counsel to file



		responsive pleadings. .
Legal Bills	All legal bills will be forwarded to Adjuster for review and approval. Bills must be submitted with supporting backup.	When required, bills will be sent on a schedule TBD by client.

## REFERENCES

<b>Account – Orleans Parish School Board</b>	
Contact Person	Tracy Griffin-Robertson
Address	3520 Gen De Gaulle, New Orleans, LA 70114
Contact Phone	(504) 202- 0270
Period Handled	2004 to present
Type of Claims	All lines

<b>Account - City of New Orleans</b>	
Contact Person	Pamela Crockett
Address	1300 Perdido Street, New Orleans, LA 70112
Contact Phone	(601) 320-3121
Period Handled	2011 - Present
Type of Claims	W.C. and General Liability claims

<b>Account – City of Alexandria</b>	
Contact Person	Mr. Ryon Woodington, Risk Manager
Address	541 Hummingbird Lane, Alexandria, LA 71303
Contact Phone	318-447-3899
Period Handled	1999 to present
Type of Claims	All lines

<b>Account – City of Shreveport</b>	
Contact Person	Ryan Lattier, City Attorney
Address	505 Travis Street Shreveport, LA 71101
Contact Phone	318-673-5200
Period Handled	2020 - Present
Type of Claims	W.C. and General Liability claims

## FIRM'S CURRENT CLIENT BASE AND WORKLOAD

Our firm serves a diverse portfolio of clients across various industries, primarily governmental and public sector entities/municipalities. We have built long-standing relationships with our clients, many of whom have trusted us with their claims management needs for over a decade. Our client base includes both mid-sized businesses and large corporations, allowing us to leverage our expertise to address a wide range of claims management challenges. For example,

- City of New Orleans
- City of Shreveport
- City of Alexandria
- City of Opelousas
- City Natchitoches
- Orleans Parish School Board
- Regional Transit Authority
- New Orleans Sewerage and Water Board

We maintain a structured approach to workload management to ensure we deliver the highest level of service to all clients. Each client is assigned a dedicated claims management team, consisting of experienced adjusters and support staff, to provide personalized and responsive service. Our team operates with flexible capacity, enabling us to scale resources as needed to manage fluctuations in claim volume while ensuring the quality and timeliness of our work remain consistent.

By utilizing advanced technology platforms and adhering to industry best practices, we are able to efficiently handle our current workload while continually improving processes to accommodate future growth. Our proactive approach to managing claims and our commitment to client satisfaction ensure that we remain fully capable of delivering exceptional results, regardless of the scope or complexity of the workload.

This showcases our outstanding track record in serving across various capacities, emphasizing our firm's ability to adapt, meet diverse client needs, and maintain a strong commitment to service excellence. It also underscores our professionalism in effectively managing workloads without compromising quality.

## ACCESS TO HGI CLAIMS MANAGEMENT TEAM



HGI Third-Party Administrator (TPA) claims management team is readily accessible to ensure prompt and effective handling of all claims. RTA can reach our dedicated team through multiple channels to facilitate timely communication and collaboration:

- **Dedicated Claims Toll Free Line:** (888) 899-8432 - A toll-free number available during normal business hours – Monday through Friday from 8 am to 5 pm for immediate assistance and claim reporting.
- **Dedicated Claims After Hour Contact Number:** (504) 344-5947 - Available after business hours for immediate assistance and scene investigation.
- **Email and Direct Contact:** RTA shall be provided with direct contact information for their assigned claims adjuster and management team, enabling efficient communication and quick responses to inquiries.
- **On-Site Support:** For large or complex claims, our team can provide on-site assistance as needed to support investigations or collaborate with stakeholders.

We offer the RTA a Risk Management Information System (RMIS) with on-line capability for multiple users and will allow for 24-hour online access to all claim files, adjusters' notes, and other items. It will also allow customization of queries, code creation, and have the ability to produce loss run and other reports. Reports can be printed on a monthly or quarterly basis and include (but are not limited to) itemized payments by vendors, detailed payment-type transaction reports, reserves activity/history, details loss financial history, and claims aging reports.

## ClaimPilot Claims Management Reporting System

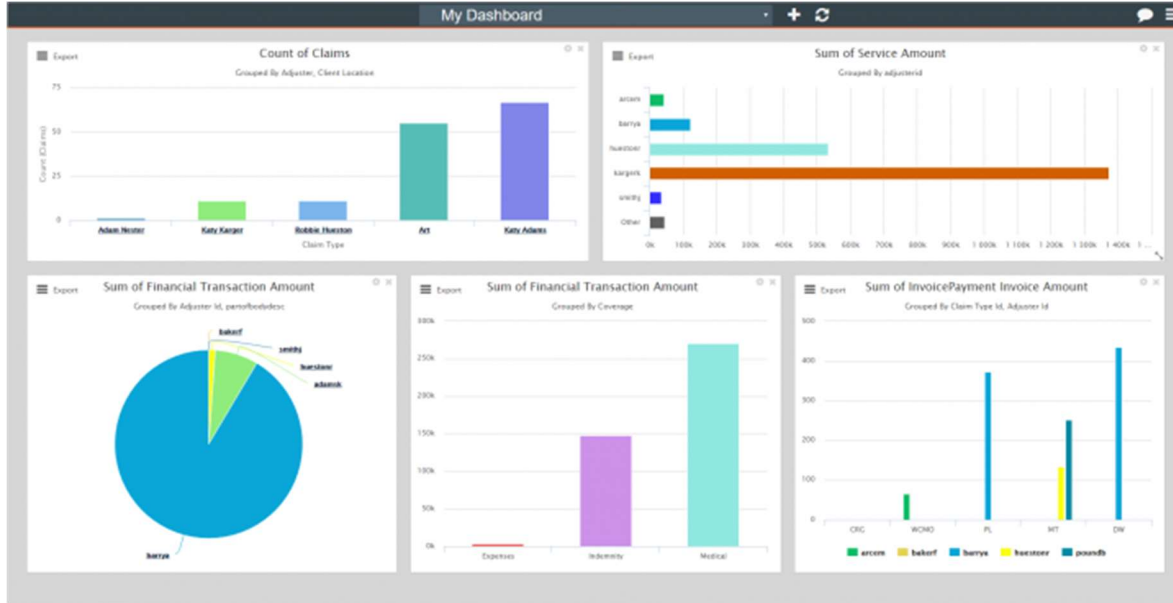
### ClaimPilot

The screenshot displays the ClaimPilot web application interface. At the top, there is a navigation bar with tabs for HOME, SEARCH, ACTIONS, REPORTS, FORMS, MANAGEMENT, and ANALYTICS. Below this, there are icons for Diary, Claims, No Diary, Contacts, and Calendar. A notification banner at the top right reads "Message of the Day: The message of the day changes daily to something very inspiring and important." Below the navigation, there is a search bar and a dropdown menu showing "110 Open Claims with No Open Diaries". The main content area is a table of claims with columns for Close, Date, Claim ID, Claimant, Author, and Type. The table lists several claims, including "Call Claimant", "Supervisor Diary", and "Action Plan".

Close	Date	Claim ID	Claimant	Author	Type
Due - 09/25/2013	10.16	10.79	Smith, John	anderson	Legal
Due - 10/09/2013	10.16	10.16	Anderson, Jeff	anderson	Legal
Due - 10/16/2013 10:48 AM	10.16	10.16	Anderson, Jeff	techsupport	Legal
Due - 10/16/2013 10:48 AM	10.16	10.16	Anderson, Jeff	techsupport	Legal
Due - 11/11/2013	10.16	10.16	Anderson, Jeff	techsupport	Action Plan
Due - 11/11/2013	10.16	10.16	Anderson, Jeff	techsupport	Action Plan
Due - 11/11/2013	10.16	10.16	Anderson, Jeff	techsupport	Action Plan
Due - 11/11/2013	10.16	10.16	Anderson, Jeff	techsupport	Action Plan
Due - 11/13/2013	10.16	10.16	Anderson, Jeff	techsupport	Action Plan
Due - 11/20/2013	10.16	10.16	Anderson, Jeff	techsupport	Action Plan
Due - 11/20/2013	10.16	10.16	Anderson, Jeff	techsupport	Action Plan

When the user first logs in, they are greeted with a searchable notification center streamlines claim information and displays real-time key information and alerts specific to each claim.

## Analytics Dashboard Provides Insight for Management



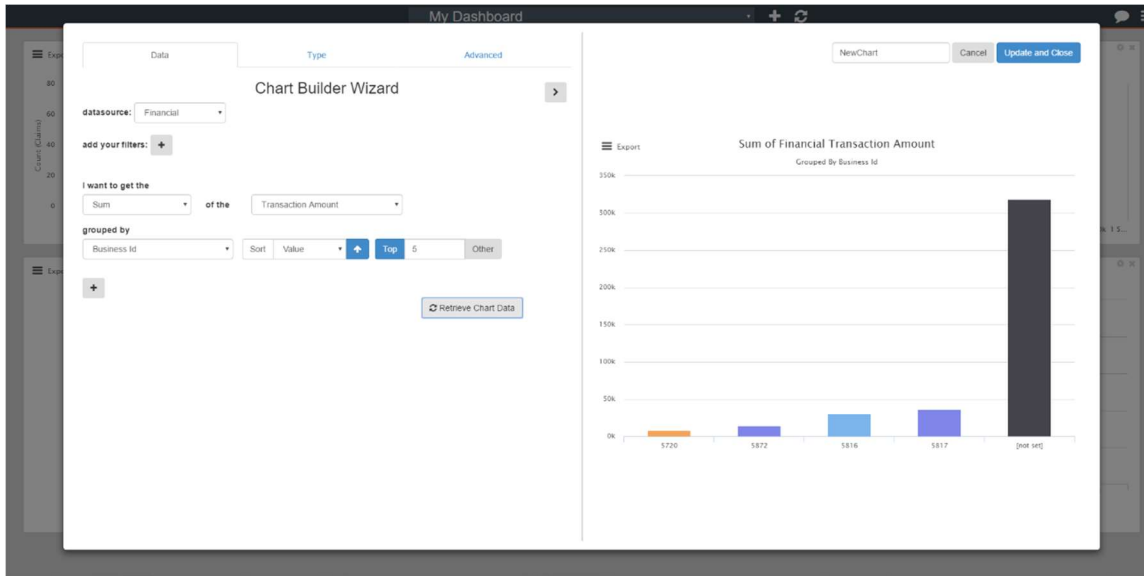
It's hard to make decisions without all the facts. Right now, you can run reports to gain new insights into your business, but wouldn't it be more convenient to see your most up-to-date information at a glance. Now you can also use the ClaimPilot Analytics Dashboard to see your most relevant data displayed as charts to know you're making the right decisions. In addition to our powerful reporting tools, the dashboard will enable you to easily find answers to questions such as:

- Who are the top performing adjusters?
- How many claims are processed each month?
- Which day of the week do we receive the most claims?

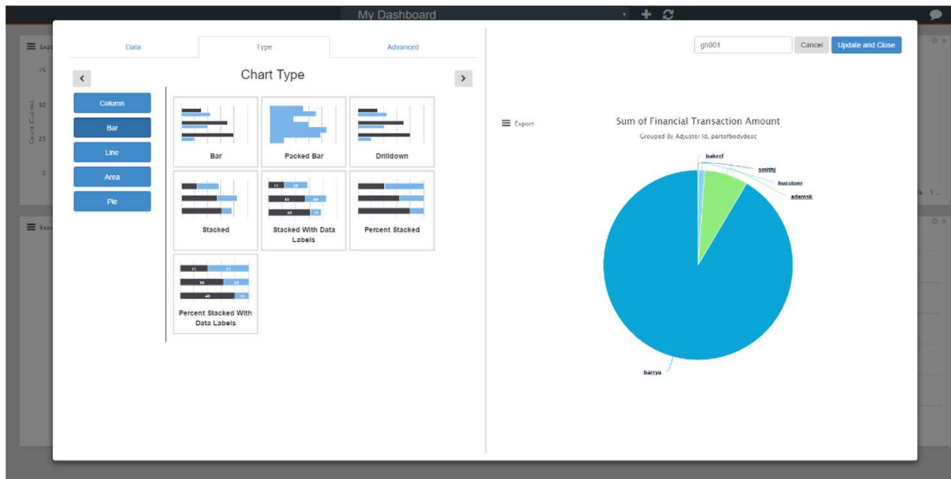
The Analytics Dashboard allows you to make decisions at a glance, or help you provide the decision-makers with easy-to-read charts that convey the latest results and trends.

Let's take a look at the features

- Switch between multiple dashboards for organized views
- Create charts with data from Claim, Service, Invoice, Invoice Payment, and Financial sources
- Great fill tools to help you create your charts faster
- Top Feature
  - Shows only top (or bottom) values instead of displaying them all. Trust us, it will come in handy!
  - Choose the number of results you want to get back. Anything between 0-100 is fair game.

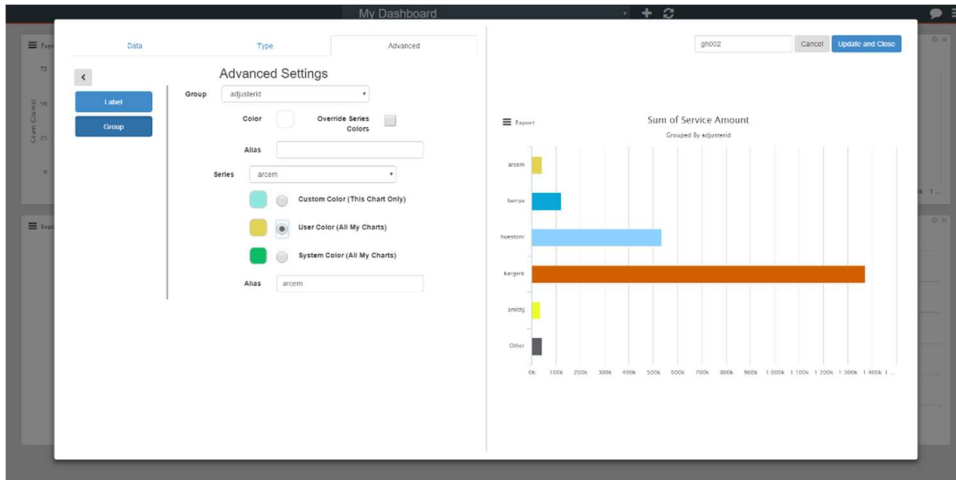


- Sort Feature - sort your values from smallest to largest, alphabetically, or by date.
- Choose between more than 25 different types of charts
  - Create combination charts (such as a multi-series line and column chart)
  - Drill down into the chart for more detailed information



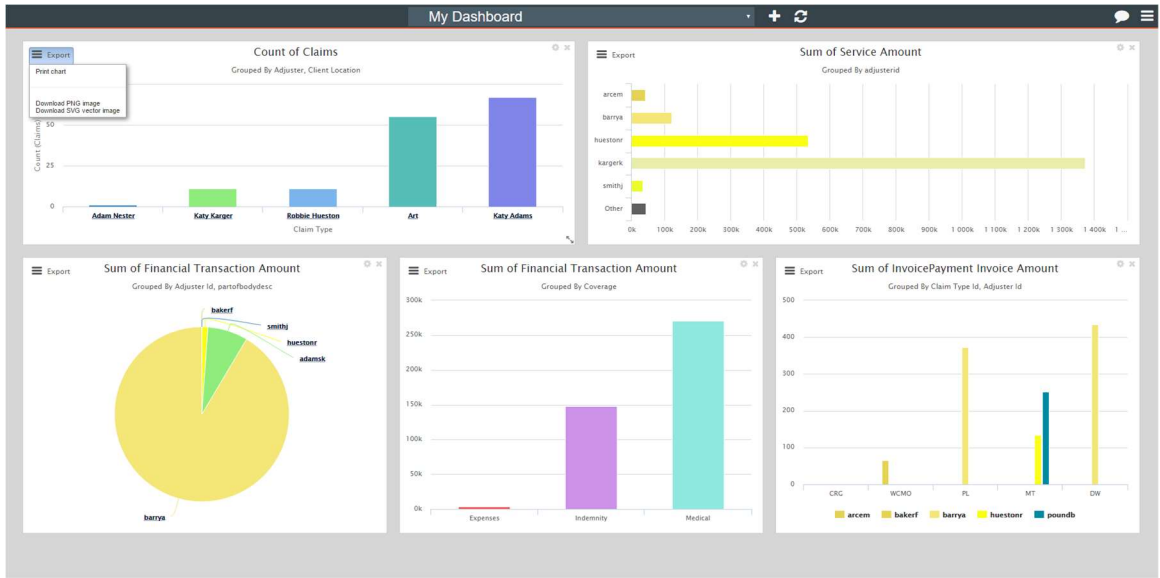
- Chart Colors
  - Custom colors can be set by any user on any field. Do you love yellow and want to make all your charts varying colors of yellow? Custom colors will allow you to do that, one by one.
  - User Color preference will set the colors to match across that user's dashboard, so now you can automatically set all of your charts to varying shades of yellow! E.g., all GL values could be bright yellow across your dashboard, while WC values can all be set to be mustard yellow.

- And if your entire company loves yellow, System Color preference will match the colors within an entire company. For those not partial to a specific color, this feature enables all the GL values across everyone’s dashboard across the company to be the same color. WC columns or lines would all be another color.
- The user-color and system-color features not only makes the data easier to read on one specific dashboard, but across all dashboards within a company.



- Flexibility
  - If you don’t care for the Chart Title or x-axis titles we have generated for you, it can be easily changed in the “Advanced” tab
  - You can do that with the Y-Axis, X-Axis, and even your data labels
- Saved charts
  - All charts are saved until explicitly removed by the user
  - You can name your charts, remove them from the dashboard, and add them back easily
- Share charts and dashboard easily
  - Create charts or entire dashboards for your team to get them started
  - Easily let your coworkers see the data you’re seeing without having to give them each individual chart parameter
- Print or export your charts to images directly from the dashboard. That’s self-explanatory!





## Report and Accident or Injury

The first notice wizard will step the user through the process of reporting an accident or injury to HGI

**Save** **Add Claimant** **Restart**

Step 0 - Start

Step 1 - Claim

Step 2 - Client Info

Step 3 - Policy & Insured Info

Step 4 - More Details

Step 5 - Claimant Info (1)  
(Primary) Claimant 1

**Start**

\*Client Id :  This field is required.

Client Name :

\*Program :

\*Claim Type :

\*Date Occurrence :

Date Claim Made :

Jurisdiction :

<p>Save Add Claimant Restart</p> <p>Step 0 - Start</p> <p>Step 1 - Claim</p> <p>Step 2 - Client Info</p> <p>Step 3 - Insured Info (TPA)</p> <p>Step 4 - More Details</p> <p>Step 5 - Claimant Info (1) (Primary) Claimant 1</p>	<h3>Step 4 - more Details</h3> <p>Witnesses : <input type="text"/></p> <p>Postal Code of Accident : <input type="text"/></p> <p>Accident Preventable : <input type="text" value="▼"/></p> <p>Recovery Potential : <input type="text" value="▼"/></p> <p>Vehicle Type : <input type="text"/></p> <p>Vehicle Identification No : <input type="text"/></p> <p>Vehicle No : <input type="text"/></p> <p>Percent Of Fault : <input type="text"/></p> <h3>Step 5 - (Primary) Claimant 1</h3> <p>*Type : <input type="text" value="Claimant ▼"/></p> <p>SSN : <input type="text"/></p> <p>Salutation : <input type="text" value="▼"/></p> <p>*Name Last : <input style="border: 2px solid red;" type="text"/></p> <p>Name First : <input type="text"/></p> <p>Name Middle : <input type="text"/></p> <p>Description of Injury : <input type="text"/></p> <p>Mail Address Line 1 : <input type="text"/></p> <p>Mail Address Line 2 : <input type="text"/></p> <p>Mail City : <input type="text"/></p> <p>Mail State : <input type="text" value="▼"/></p> <p>Mail Zip Code : <input type="text"/></p> <p>Mail Country : <input type="text" value="▼"/></p> <p>Copy Address : <input type="text" value="Same"/></p>
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**Claim summary view**

View detailed information about a claim’s history and status from a single place.

HOME SEARCH ACTIONS REPORTS FORMS MANAGEMENT ANALYTICS

COMPANY NAME

CLAIM SEARCH:

BOOKMARKED CLAIMS  
Star any claim to add it your bookmarked claims.

RECENT CLAIMS  
Any time you search for a single claim, it is logged and added to the Recent Claims section.

QUICK LINKS  
New Claim  
New Service  
New Diary  
New Note

Claim Loaded 10 records.

Q Filters 1 2 3 4 5 6 7 8 9 > >>

New Save Undo Delete

Claim ID	Client Name	Date Occur	Time	AdjusterID	Client File No
10.134.2709 AL	Bob's Burgers	10/07/2015		adjusterj	

Claim Info Client/Insured Parties Status Links

ACCIDENT INFORMATION

Acc. Location: \_\_\_\_\_  
 Acc. Description: \_\_\_\_\_  
 Country: \_\_\_\_\_ Address: \_\_\_\_\_  
 County: \_\_\_\_\_ C.S.Z: \_\_\_\_\_

GENERAL

Admin Location: DaITX Manager ID: \_\_\_\_\_ Outside Firm ID: \_\_\_\_\_  
 Primary Claimant: 1 Supervisor ID: \_\_\_\_\_ Outside Location ID: \_\_\_\_\_  
 Occurrence No: 134 Med Case Mngr: \_\_\_\_\_ Disposition: \_\_\_\_\_ Outside Contact ID: \_\_\_\_\_  
 Old Claim Id: \_\_\_\_\_

DATES

Occurrence: 10/07/2015 Last Reported: \_\_\_\_\_ Notified Excess: \_\_\_\_\_ Received: 08/22/2016  
 Claim Made: \_\_\_\_\_ Last Invoiced: \_\_\_\_\_ Denied: \_\_\_\_\_ Closed: \_\_\_\_\_  
 Assigned: 08/23/2016 Destroyed: \_\_\_\_\_ Denial Rescission: \_\_\_\_\_ Reopened: \_\_\_\_\_  
 Reclosed: \_\_\_\_\_

AUTO LIABILITY

Claim Type: AL Change Jurisdiction ID: 48 Catastrophe Code: \_\_\_\_\_ Witnesses: \_\_\_\_\_  
 Accident Postal Code: \_\_\_\_\_ Accident Preventable: \_\_\_\_\_ Recovery Potential: \_\_\_\_\_ Pot. Rec. Amt: \_\_\_\_\_  
 SIR Paid By Insured: \_\_\_\_\_ Deductible Collected: \_\_\_\_\_ InLitigation: \_\_\_\_\_ Percent of Fault: \_\_\_\_\_  
 VIN: \_\_\_\_\_ Vehicle Type: \_\_\_\_\_ Vehicle No: \_\_\_\_\_  
 Driver: \_\_\_\_\_ Accident State: \_\_\_\_\_

AL CUSTOM FIELDS

Full Policy # \_\_\_\_\_ Insured Driver \_\_\_\_\_ Appraisal No \_\_\_\_\_ Police Report \_\_\_\_\_

teterrrrr, - C AL Reserve Bills Comp Sub Med Lit

## Claim Reports

Create and view reports with filtering and grouping options. Detailed reserve history, subrogation and recovery reports are also available.

https://dmo.claimplot.com/R/default.aspx?rptgrp=Reports

Reports

Claim Loss Run Summary 2 (Graph)

Selection

Administrator Id \*  
 Claim Id \*  
 Claim Type \*  
 Client Id \* 0  
 Claim Status \* Open  
 Hierarchy 1 \* \*  
 Date Occurrence \* (Last Year)  
 Curr Start/End (This Year)  
 Incurred \* 0.10000000

Formatting

Group: Client Id  
 Break After: No Page Breaks  
 Show: Claims  
 Sort: Claim  
 Title: Claim Loss Run Summary

DHTML

Save Parameters

Schedule

The Parameters must be saved before a schedule can be created.

Status	Report	Name	RunTime
	Claim Loss Run Summary 2 (Graph)		12/02/2016 9:14 AM
	Claim Activity		10/01/2013 12:25 PM

Once set up, reports can be saved to be run again later or scheduled to run automatically and be emailed or uploaded via FTP.

## Claim Notes

The diary / notes unifies all activities and communications for the claim from Adjusters, Legal and Case Managers. This can be searched or filtered by date range, user, or key word.

Date	User	Status
Due - 10/09/2013	Anderson, Jeff	Legal
Due - 10/16/2013 10:46 AM	Anderson, Jeff	Legal
Due - 10/16/2013 10:48 AM	Anderson, Jeff	Legal
Due - 11/11/2013	Anderson, Jeff	Action Plan
Due - 11/11/2013	Anderson, Jeff	Action Plan
Due - 11/11/2013	Anderson, Jeff	Action Plan
Due - 11/13/2013	Anderson, Jeff	Action Plan
Due - 11/20/2013	Anderson, Jeff	Action Plan

## Medical History

View medical information including drugs prescribed, dispensing, procedures, referrals, physicians and nurse's notes, expenses and amounts paid.

**Med**  
 10.1.1.WC Springer, Justin Loaded 1 record.

Q Filters ▾ New Save Undo Delete

1 Hospital ID:	37	Edit	Alabama Orthopaedic Clinics	MobAL	Patient No.:	Medical Codes:
Doctor ID:	33	Edit	Dr. Flo Garcia	HouTX garciaf		Date Range:

Medical Action: *told patient to toughen up*

Treatment: *ice it*

# Sample Reports

Redact for public disclosure

## Hammerman & Gainer, Inc. New Orleans

1010 Common Street, Suite 2600  
New Orleans, LA 701122429

Prepared: 01/20/2017  
Page 1 of 2

Administrator Id: \*  
 Claim Id: \*  
 Claim Type Id: AL\*

Date Occurrence: 03/01/2016..03/31/2016  
 Curr Start/Loss End: 01/01/1900..01/20/2017  
 Client Id: 68  
 Claim Status: Closed

Groups: Claim Status, Claim Type  
 Sort On: Date Occurrence, Claim Stat.

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Description	Sex DOB	SSN	Date Received	Policy	Nature of Injury	This	Reserve		Incurred
				Lost Days	Cause of Injury/Period	Period			
<b>Closed</b>									
<b>ALBI</b>									
1.52057.68.ALBI	1.51927.68	mccoym	03/09/2016	C-04/06/2016					
Reed, Alvin		-	03/09/2016	68					
Each person said they went into each other's lane-Truck #276-Regnald Gillum-Driver									
					Bodily Injury	0.00	0.00	0.00	0.00
					Expenses	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00
					Property Damage	0.00	0.00	0.00	0.00
<b>ALPD</b>									
1.52051.68.ALBI	1.52048.68	mccoym	03/31/2016	C-06/06/2016					
Washington, Terrell		-	04/01/2016	68					
Operator in truck #225, hit claimant in rear causing him to hit vehicle in front of him. Marshall Powell-driver.									
					Bodily Injury	0.00	0.00	0.00	0.00
					Expenses	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00
					Property Damage	0.00	0.00	0.00	0.00
<b>Totals For ALBI -- 2 Claims: Open 0 Closed 2</b>									
<b>ALPD</b>									
1.51905.68.ALPD		mccoym	03/03/2016	C-03/23/2016					
Sturgent, Shakaria		-	03/07/2016	68					
Backhoe hit claimant's vehicle.									
					Bodily Injury	0.00	0.00	0.00	0.00
					Expenses	125.00	0.00	0.00	125.00
					Legal	0.00	0.00	0.00	0.00
					Property Damage	1,420.40	0.00	0.00	1,420.40
						1,545.40	0.00	0.00	1,545.40
<b>ALPD</b>									
1.51927.68.ALPD		mccoym	03/09/2016	C-04/06/2016					
Reed, Alvin		-	03/09/2016	68					
Each person said they went into each other's lane-Truck #276-Regnald Gillum-Driver									
					Bodily Injury	0.00	0.00	0.00	0.00
					Expenses	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00
					Property Damage	0.00	0.00	0.00	0.00

Page 1 of 2

Claim No Claimant Description	Client File No Sex DOB	Adjuster SSN	Loss Date Date Received	Status Policy Lot# Days	Part of Body Nature of Injury Cause of Injury/Period	Paid To Date	Open Reserve	Recovery	Total Incurred
1.51947.68 ALPD Dvorak, Fern Operator hit a parked vehicle. Truck #386-Thomas Lowell-driver.		mccoym --	03/14/2016 03/15/2016	C-04/05/2016 68	Bodily Injury Expenses Legal Property Damage	0.00 125.00 0.00 1,695.73 1,820.73	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 125.00 0.00 1,695.73 1,820.73
1.52000.68 ALPD Schmidgall, Eric Operator hit claimant's vehicle. Jarred Daggs-driver.		mccoym --	03/21/2016 03/22/2016	C-06/13/2016 68	Bodily Injury Expenses Legal Property Damage	0.00 125.00 0.00 3,329.42 3,454.42	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 125.00 0.00 3,329.42 3,454.42
1.52048.68 ALPD Washington, Terrell Operator in truck #225, hit claimant in rear causing him to hit vehicle in front of him. Marshall Powell-driver.		mccoym --	03/31/2016 04/01/2016	C-07/25/2016 68	Bodily Injury Expenses Legal Property Damage	0.00 212.00 0.00 16,133.14 16,345.14 23,165.69	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 212.00 0.00 16,133.14 16,345.14 23,165.69
<b>Totals For ALPD -- 5 Claims: Open 0 Closed 5</b>									
<b>Totals For Closed -- 7 Claims</b>									
<b>Totals For Closed -- 7 Claims</b>									
<b>Totals For Loss Run -- 7 Listed Claims: Open 0 Closed 7</b>									
All Claims Bucket Totals									
<b>All Claims Totals</b>									

**Hammerman & Gainer, Inc. New Orleans**  
 1010 Common Street, Suite 2600  
 New Orleans, LA 701122429

Prepared: 01/20/2017  
 Page 1 of 1

Administrator Id.:  
 Claim Id.:  
 Claim Type Id.: AL\*

Date Occurrence: 01/01/2016..02/28/2016  
 Curr Start/Loss End: 01/01/1900..01/20/2017  
 Client Id: 68  
 Claim Status: Open

Grains: Claim Status, Claim Type  
 Sort (n): Date Occurrence, Claim Status  
 Show

Claim No Claimant Description	Client File No Sex DOB	Adjuster SSN	Loss Date Date Received	Status Policy Lost Days	Part of Body Nature of Injury, This Cause of Injury/Period	Paid To Date	Open Reserve	Recovery	Total Incurred
<b>Open</b>									
<b>ALBI</b>									
1.51806.68.ALBI	1.51806.68	mccoyym	02/12/2016	Open		0.00	7,500.00	0.00	7,500.00
Baham, Stephen		-	02/18/2016	68		0.00	0.00	0.00	0.00
Operator of truck #432 hit adverse vehicle, Kevin Franklin-driver					Bodily Injury Expenses	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00
					Property Damage	0.00	0.00	0.00	0.00
<b>Totals For ALBI -- 1 Claims: Open 1 Closed 0</b>						0.00	7,500.00	0.00	7,500.00
<b>ALPD</b>									
1.51806.68.ALPD		mccoyym	02/12/2016	Open		0.00	0.00	0.00	0.00
Baham, Stephen		-	02/18/2016	68		212.00	0.00	0.00	212.00
Operator of truck #432 hit adverse vehicle, Kevin Franklin-driver					Bodily Injury Expenses	0.00	0.00	0.00	0.00
					Legal	212.00	0.00	0.00	212.00
					Property Damage	15,815.48	2,684.52	0.00	18,500.00
						16,027.48	2,684.52	0.00	18,712.00
<b>Totals For ALPD -- 1 Claims: Open 1 Closed 0</b>						16,027.48	2,684.52	0.00	18,712.00
<b>Totals For Open -- 2 Claims</b>						16,027.48	10,184.52	0.00	26,212.00
<b>Totals For Loss Run -- 2 Listed Claims: Open 2 Closed 0</b>						16,027.48	10,184.52	0.00	26,212.00
All Claims Buckets Totals									
<b>All Claims Totals</b>						16,027.48	10,184.52	0.00	26,212.00

Redact for public disclosure

Page 1 of 1

## Danson Montgomery & Oliver

Telephone: (972) 597-3900  
 Fax: (972) 597-3901

333 Beltway  
 Dallas, TX 78888

Page 1 of 2  
 Monday, December 09, 2013  
 10:13:14AM

### Check Register

Bank Acct. Number: 598880377  
 Transaction Date Start: 01/01/2008..12/31/2008

Client: Quicksberg ISD

<u>Claim</u>	<u>CheckNo</u>	<u>Recipient</u>	<u>Insured</u>	<u>Service Start</u>	<u>Check Date</u>	<u>Amount</u>
<u>Loss Date</u>	<u>Pay Type</u>	<u>Claimant</u>		<u>Service End</u>	<u>Auth Id</u>	
33.43	10001	Cindy Crawford	Quicksberg	06/12/2008	07/16/2008	245.00
01/01/2008	TIBS	C. Crawford		06/18/2008	barrya	
33.43	10002	Cindy Crawford	Quicksberg	06/19/2008	07/16/2008	245.00
01/01/2008	TIBS	C. Crawford		06/25/2008	barrya	
33.43	10003	Cindy Crawford	Quicksberg	06/26/2008	07/16/2008	245.00
01/01/2008	TIBS	C. Crawford		07/02/2008	barrya	
33.43	10004	Cindy Crawford	Quicksberg	06/05/2008	07/16/2008	245.00
01/01/2008	TIBS	C. Crawford		06/11/2008	barrya	
33.43	10005	Cindy Crawford	Quicksberg	07/03/2008	07/16/2008	245.00
01/01/2008	TIBS	C. Crawford		07/09/2008	barrya	
33.43	10006	Cindy Crawford	Quicksberg	07/10/2008	07/16/2008	245.00
01/01/2008	TIBS	C. Crawford		07/16/2008	barrya	
33.43	10007	Cindy Crawford	Quicksberg	08/07/2008	08/15/2008	245.00
01/01/2008	TIBS	C. Crawford		08/13/2008	barrya	
33.51	10008	Saint Josephs Hospital	Quicksberg	01/07/2008	08/19/2008	350.00
01/01/2008	Medical	L. Lopez		01/07/2008	barrya	
33.47	10009	Gabriella Garza	Quicksberg	01/12/2008	12/18/2008	358.83
01/01/2008	TTD	G. Garza		01/18/2008	barrya	
33.47	10010	Gabriella Garza	Quicksberg	01/19/2008	12/18/2008	358.83
01/01/2008	TTD	G. Garza		01/25/2008	barrya	
33.47	10011	Gabriella Garza	Quicksberg	01/26/2008	12/18/2008	358.83
01/01/2008	TTD	G. Garza		02/01/2008	barrya	
33.47	10012	Gabriella Garza	Quicksberg	01/05/2008	12/18/2008	358.83
01/01/2008	TTD	G. Garza		01/11/2008	barrya	
33.47	10013	Gabriella Garza	Quicksberg	02/02/2008	12/18/2008	358.83
01/01/2008	TTD	G. Garza		02/08/2008	barrya	
33.14	10014	Fred Fredrick	Quicksberg	10/05/2008	12/18/2008	625.00
01/01/2008	SIBS	F. Fredrick		10/25/2008	barrya	
33.11	10015	Dan Deale	Quicksberg	11/24/2008	12/18/2008	266.66
01/01/2008	PPD	D. Deale		12/07/2008	barrya	
33.11	10016	Donna Deale Minor	Quicksberg	11/24/2008	12/18/2008	100.00
01/01/2008	PPD	D. Deale		12/07/2008	barrya	
33.11	10017	John Deale Minor Child	Quicksberg	11/24/2008	12/18/2008	100.00
01/01/2008	PPD	D. Deale		12/07/2008	barrya	
33.11	10018	Dan Deale	Quicksberg	11/21/2008	12/18/2008	57.14
01/01/2008	PPD	D. Deale		11/23/2008	barrya	
33.11	10019	Donna Deale Minor	Quicksberg	11/21/2008	12/18/2008	21.43
01/01/2008	PPD	D. Deale		11/23/2008	barrya	
33.11	10020	John Deale Minor Child	Quicksberg	11/21/2008	12/18/2008	21.43
01/01/2008	PPD	D. Deale		11/23/2008	barrya	
33.11	10021	Dan Deale	Quicksberg	11/01/2008	12/18/2008	2,500.00
01/01/2008	LIBS	D. Deale		11/01/2008	barrya	
33.11	10022	Dan Deale	Quicksberg	12/08/2008	12/18/2008	266.66
01/01/2008	PPD	D. Deale		12/21/2008	barrya	
33.11	10023	Donna Deale Minor	Quicksberg	12/08/2008	12/18/2008	100.00
01/01/2008	PPD	D. Deale		12/21/2008	barrya	
33.11	10024	John Deale Minor Child	Quicksberg	12/08/2008	12/18/2008	100.00
01/01/2008	PPD	D. Deale		12/21/2008	barrya	



## Attachments

In this section you will find all required forms and documents to consider HGI's proposal responsive.

Addenda

Non-Collusion Affidavit

Certificate on Primary Debarment

Certificate on Primary Debarment - Lower Tier

Certification of Restrictions of Lobbying

Participant Information Form

Certificate Insurance

Consultant Form

Secretary of State Good Standing Letter

HGI TPA License

Southern Region Minority Supplier Developmental Council Certification

# Addenda

## 1.15 ADDENDA

Proposers shall acknowledge receipt of all addenda to this Request for Proposals. Acknowledged receipt of each addendum shall be clearly established and included with each proposal. The undersigned acknowledges receipt of the following addenda.

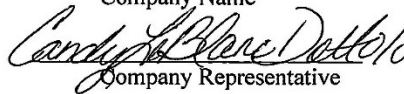
Addendum No. 1, dated 10/24/2024

Addendum No. 2, dated 10/26/2024

Addendum No. \_\_\_\_\_, dated \_\_\_\_\_

Hammerman & Gainer, LLC

Company Name



Company Representative

REGIONAL TRANSIT AUTHORITY  
THIRD PARTY ADMINISTRATOR AL GL WC  
RFP 2024-028

# Non-Collusion Affidavit

## NON-COLLUSION AFFIDAVIT

STATE OF Louisiana

PARISH OF Orleans

Candy Dottolo, being first duly sworn, deposes and says that:

- (1) He is (Owner) (Partner) (Officer) (Representative) or (Agent), of Hammerman & Gainer, LLC, the Contractor that has submitted the attached bid;
- (2) Such Bid is genuine and is not a collusive or sham Bid.
- (3) The attached bid is not made in the interest of or on behalf of any undisclosed person, partnership, company association, organization or corporation; that such bid is genuine and not collusive or sham; that said bidder has not, directly or indirectly, induced or solicited any other bidder to put in a false or sham bid, and has not, directly or indirectly colluded, conspired connived or agreed with any bidder or anyone else to put on a sham bid, or refrain from bidding; that said bidder has not in any manner, directly or indirectly, sought by agreement, communication or conference with anyone to fix the bid price of said bidder or any other bidder, or to fix any overhead, profit, or cost element of such bid price or that of any other bidder, or to secure any advantage against RTA or anyone interested in the proposed contract; that all statements contained in such bid are true; that said bidder has not, directly or indirectly, submitted his bid price or any breakdown thereof or the contents thereof, or divulged information or data relative thereto, or paid or agreed to pay, directly or indirectly, any money or other valuable consideration for assistance or aid rendered or to be rendered in procuring or attempting to procure the contract above referred to, to any corporation, partnership, company, association, organization or to any member or agent thereof, or to any other individual; and further that said bidder will not pay or agree to pay directly or indirectly, any money or other valuable consideration to any corporation, partnership, company, association, organization or to any member or agent thereof, or to any individual, for aid or assistance in securing contract above referred to in the event the same is awarded to said bidder.

Signed: Candy Dottolo

Title: Corporate Secretary / Designated Signature Authority

Sworn to me and subscribed in my presence this 15<sup>th</sup> day of October, A.D.,

Veleka Es

NOTARY PUBLIC

VELEKA ESQUIDE #20145  
Notary Public  
State of Louisiana  
My Commission is issued for Life

## Certification On Primary Participant Regarding Debarment

### CERTIFICATION ON PRIMARY PARTICIPANT REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

The Primary Participant (Potential Contractor for a major third party contract), certifies to the best of its knowledge and belief, that it and its principles:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
2. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, State, or local) transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and
4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(If the primary participant is unable to certify to any of the statements in this certification, the participants shall attach an explanation to this certification.)

THE PRIMARY PARTICIPANT, (POTENTIAL CONTRACTOR FOR A MAJOR THIRD PARTY CONTRACT, CERTIFIES OR AFFIRMS THAT TRUTHFULNESS AND ACCURACY OF THE CONTENTS OF THE STATEMENTS SUBMITTED ON OR WITH THIS CERTIFICATION AND UNDERSTANDS THAT THE PROVISIONS OF 31 U.S.C. SECTION 3801 ET SEQ ARE APPLICABLE HERETO.

COMPANY Hammerman & Gainer, LLC.

ADDRESS 2400 Veteran Memorial Blvd Ste 510 Kenner, La 70062

DATE September 24, 2024

  
Signature of Offeror's Authorized Representative

## Certification Regarding Debarment – Lower Tier

**CERTIFICATION REGARDING DEBARMENT  
SUSPENSION, INELIGIBILITY AND VOLUNTARY  
EXCLUSION - LOWER TIER COVERED TRANSACTION**

1. The prospective lower tier participant certifies, by submission of this offer, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participants shall attach an explanation to this offer.
3. The Lower-Tier participant (Potential Contractor under a major Third Party Contract), certifies or affirms the truthfulness and accuracy of the contents of the statements submitted on or with this certification and understands that the provisions of 31 U.S.C., 3801 ET SEQ are applicable thereto.

COMPANY Hammerman & Gainer, LLC

ADDRESS 2400 Veteran Memorial Blvd Ste 510 Kenner, La 70062

DATE September 24, 2024



Signature of Offeror's Authorized Representative

# Certification of Restrictions on Lobbying

## CERTIFICATION OF RESTRICTIONS ON LOBBYING

I, Candy Dottolo, Designated Signature Authority hereby certify on  
(Name and Title of Offeror Official)  
behalf of Hammerman & Gainer, LLC that:  
(Name of Offeror)

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this 24th day of September, 2024.

BY: Candy Dottolo

Witnesses: Karla A. W.  
(Signature of Authorized Official)

Administrative Support  
(Title of Authorized Official)

Sworn to and subscribed before me on this 25th day of September, 2024

Notary Public In and For Orleans Parish/County

State of Louisiana

\* Velicka Estande attorney/notary

# Participant Information Form

## PARTICIPANT INFORMATION FORM

All offerors are required to submit the information contained on this form. This information is a condition of submitting an offer to the RTA. Offerors must insure that **ALL** sub-contractors, sub-contractors or others at all tiers, which are proposed to be used or used under any agreement issued by RTA have submitted an executed copy of this form. RTA is required to maintain this information by the Federal Transit Administration and it is not subject to waiver.

Firm Name CBI Managed Care, LLC

Firm Address 104 Pinehurst Ave. New Orleans, La 70131

Telephone Number 225-205-8877

Fax Number 504-246-0434

E-Mail Address michelleb@hgi-global.com

Firm's status as Disadvantaged Business Enterprise (DBE) or Non- DBE DBE

Age of the firm 5 Years

Annual gross receipts of the firm \$35,000

Prime or Sub-Contractor Sub-Contractor

NAICS code (s) 561110, 541614, 551114, 523920, 611430

I certify to the best of my knowledge that the above information is true and correct:

Signature 

Title Operations Manager

Date September 24, 2024

RTA Project No. 2024-028

FAILURE TO PROVIDE AN EXECUTED COPY OF THIS FORM AS STIPULATED HEREIN MAY PRECLUDE YOUR OFFER FROM CONSIDERATION FOR AWARD.

# Certificate of Insurance



HAMM&GA-01

SPIRO

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/24/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McClure, Bomar, and Harris LLC 900 Pierremont Rd, Suite 200 Shreveport, LA 71106	CONTACT NAME: <b>Sara Piro</b>	
	PHONE (A/C, No, Ext): <b>(318) 869-2525</b> FAX (A/C, No): <b>(318) 869-6220</b>	
	E-MAIL ADDRESS: <b>sarapiro@mbhinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
INSURED  HGI Global, Inc. 2400 Veterans Blvd, Suite 510 Kenner, LA 70062	INSURER A: <b>Continental Casualty Insurance</b>	<b>20443</b>
	INSURER B: <b>Evanston Insurance Company</b>	<b>35378</b>
	INSURER C: <b>Zurich American Insurance Co</b>	<b>16535</b>
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			7015284973	7/28/2024	7/28/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 EMPLOYEE BENEFIT \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ.JECT <input type="checkbox"/> LOC OTHER:						
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			7015287310	7/28/2024	7/28/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			7015289543	7/28/2024	7/28/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			7015287159	7/28/2024	7/28/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Professional Liabili			MKLV3PE0005017	7/28/2024	7/28/2025	Limit 3,000,000
C	Crime			MPL654939515	7/28/2024	7/28/2025	Limit 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Cyber Liab- Obsidian Insurance Co., July 28, 2024 to 2025, Policy #OBDCBS46XMHY0F003, \$1,000,000 Limit

<b>CERTIFICATE HOLDER</b>  Regional Transit Authority Attn: Procurement Division 2817 Canal Street New Orleans, LA 70119	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Jeffrey S. Zeigler</i>
---	---

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13. List all outside subcontractors or subconsultants you intend to employ for this project.

a. Name and address of subconsultant or subcontractor	b. Specific work to be performed on this project	c. Worked with prime firm before?
CBI Managed Care, LLC Pinehurst Dr. New Orleans, La 70131	Medical and Vocational Case Management Services Worker's Compensation Utilization Review	Yes
Carlisle Medical 501 Boulevard Park East Mobile, AL 36609	Pharmacy Benefit Management Services	Yes
Accuro 2100 Wharton St, Suite 505 Pittsburg, PA 15203	Medical Bill Review Services	Yes
Case Experts 2920 N 7th Street West Monroe, La 701291	Medical and Vocational Case Management Services	Yes
Core Care P.O. Box 1201 Mandeville, LA 70470	Utilization Review	Yes

14. Brief resumes of key persons anticipated for this project (clearly identify if alternate office location if different than listed in item 3).

<p>a. Name and title: <b>Vanessa James Senior Vice President of Claims</b></p>	<p>a. Name and title: <b>Lori Bailey</b></p>
<p>b. Position or assignment for this project: <b>Project Manager</b></p>	<p>b. Position or assignment for this project: <b>Supervisor</b></p>
<p>c. Years of professional experience with this firm: <b>24</b> With other firms: <b>12</b></p>	<p>c. Years of professional experience with this firm: <b>1</b> With other firms: <b>35</b></p>
<p>d. Education: College or University/ Degree / Year / Specialization <b>University of New Orleans Masters of Business Administration Bachelor of Science, Business Administration and Management</b></p>	<p>d. Education: College or University/ Degree / Year / Specialization</p>
<p>e. Active registration or applicable certifications: State / Discipline/ License number / First year registered <b>Comprehensive Claims Adjuster including Workers' Compensation, Automobile / General Liability, Property &amp; Casualty Producer, Life Producer (336425)</b></p>	<p>e. Active registration or applicable certifications: State / Discipline/ License number / First year registered <b>Louisiana / Workers Comp / License Number 308665 / 2017</b></p>
<p>f. Experience and qualifications relevant to this project: <b>Vanessa has more than 36 years of broad and comprehensive Third-Party Administration experience. She is an accomplished Property &amp; Casualty Risk Management professional with extensive background in managing projects and overall claims administration.</b>  <b>Throughout her career, she expanded her knowledge which focused on providing sustainable customer service solutions and cost savings in an ever-changing environment using company driven innovations powered by diversity and a consistent record in investing in people, designing systems, and developing processes that deliver specific measurable and reliable outcomes.</b></p>	<p>f. Experience and qualifications relevant to this project: <b>Lori Bailey has 36 years of experience in the Claims Industry. She has a long history of claims handling and management. She can assist companies in maintaining a high standard of expertise and exceeding company goals.</b></p>

15. List work by firm and the firm's personnel to be assigned to this project which best illustrates current qualifications relevant to this project (limit 15 projects).

a. Project name, location, and owner's name	b. Reference contact name, telephone number, and e-mail	c. Project description	d. Nature of firm's responsibilities	e. Completion date (actual or estimate)	f. Estimated fees (000's)	
					Entire project	Firm's work
City of New Orleans	Pam Crocket 601-320-3121 pdcrocket@nola.gov	Worker's Compensation Automobile Liability Claim Services	Third Party Claims Administrator	Ongoing	2	Perpetual
City of Shreveport	Ronald Lattier 318-458-3956 rfl_esq@bellsouth.net rflattier.esq@gmail.com	Worker's Compensation Automobile/ General Liability Claim Services	Third Party Claims Administrator	Ongoing	1	Perpetual

16. List all projects currently under contract or under contract negotiations that are being (or will be) performed by the firm's office as listed in item 3.

a. Project name, location, and owner's name	b. Nature of firm's responsibility	c. Indicate whether work completed as prime, subconsultant or joint venture	d. Percent complete	e. Estimated fees (000's)	
				Total fee	Fee remaining
City of New Orleans 1300 Perdido Street New Orleans, La 70112	Third Party Claims Administrator	Prime	Perpetual	2	Perpetual
Orleans Parish School Board	Third Party Claims Administrator	Prime	Perpetual	. 4	Perpetual
New Orleans Sewerage & Water Board	Third Party Claims Administrator	Prime	Perpetual	. 2	Perpetual

17. Use this space to provide any additional information or description of resources supporting your firm's qualifications for the proposed project.

Our firm is well-positioned to successfully execute the proposed project due to a combination of industry expertise, experienced personnel, and robust resources. Our firm is fully equipped with the resources, personnel, and expertise needed to exceed your expectations for the proposed project. We look forward to the opportunity to bring this unique combination of capabilities to your project.

18. Ethics Questionnaire: If any owner, officer, or employee of respondent or any of the respondent's subcontractors (whether identified in the submittal or not) is currently an officer, employee, or board member of the City of New Orleans or of any of its departments, boards, or commissions, committees, authorities, agencies, public trusts, or public benefit corporations, please state the name or names of said owner, officer or employee, the relationship to respondent and/or respondent's subcontractor(s), the relationship with City board, agency, department, commission, authority, public trust, or public benefit corporation; if respondent or person(s) identified believe that the relationship is not or would not be a violation of applicable ethics laws, fully explain why not. If applicable, please complete ethics questionnaire on company letterhead attached to the back of this form. By signing below, you have completed the ethics questionnaire or you have not identified any ethical conflict at this time.

19. Pursuant to Louisiana Revised Statute 42:6.1, I hereby authorize the Regional Transit Authority to discuss the character and professional competence of this firm in Executive Session.

20. The forgoing is a statement of facts.

Signature: Candy LeBlanc Datto  
Typed Name: Candy LeBlanc Datto

Date: 9-24-2024  
Title: Designated Signature Authority

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13. List all outside subcontractors or subconsultants you intend to employ for this project.

a. Name and address of subconsultant or subcontractor	b. Specific work to be performed on this project	c. Worked with prime firm before?
N/A		



14. Brief resumes of key persons anticipated for this project (clearly identify if alternate office location if different than listed in item 3).

<p>a. Name and title: <b>Michele Brown, Operations Manager</b></p>	<p>a. Name and title:</p>
<p>b. Position or assignment for this project: <b>Return To Work Specialist</b></p>	<p>b. Position or assignment for this project:</p>
<p>c. Years of professional experience with this firm: <b>20</b> With other firms: <b>14</b></p>	<p>c. Years of professional experience with this firm: With other firms:</p>
<p>d. Education: College or University/ Degree / Year / Specialization <b>Edinboro University of Penna./MA Rehab Counseling/1986/Industrial Injured employees/Early Return to work programming.</b></p>	<p>d. Education: College or University/ Degree / Year / Specialization</p>
<p>e. Active registration or applicable certifications: State / Discipline/ License number / First year registered <b>LA, Licensed Rehabilitation Counselor/615 National Certification: Certified Rehabilitation Counselor/2426</b></p>	<p>e. Active registration or applicable certifications: State / Discipline/ License number / First year registered</p>
<p>f. Experience and qualifications relevant to this project: <b>Michele Brown has over 30-years extensive expertise concerning health care program development/ implemetation/management, and evaluation. Ms. Brown has a bacground in Workers Compensation concepts, practices, and procedure. She is results-driven professional promotion of quality achievements and performance. She has demonstrated exceptonal problem solving with the ability to translate essential protocol into achievable outcomes. She also has substantial experience communicating with managers and staff to ensure the highest quality standards are maintained.</b>  <b>Ms. Brown has developed Early Return to work and Transitional Duty Programs which assist injured workers to return to medical suitable employment. She designs comprehensive Managed Care programs for Employers, Self-Insureds and Third-Party Administrators. Programs involving; Transitional Duty, Return-to-Work, Reentry (Incarcerated individuals) and Veterans Re-employment. She also develops/coordinates and evaluates Worker's Compensation services to include: Bill Review, Medical Case Management, Vocational Rehabilitation, Utilization Review and Cost Containment. Collaborate with local, state, federal and community resources to develop employment/placement opportunities. Provided expert testimony as required to substantiate reports and/or vocational service delivery.</b></p>	<p>f. Experience and qualifications relevant to this project:</p>

15. List work by firm and the firm's personnel to be assigned to this project which best illustrates current qualifications relevant to this project (limit 15 projects).

a. Project name, location, and owner's name	b. Reference contact name, telephone number, and e-mail	c. Project description	d. Nature of firm's responsibilities	e. Completion date (actual or estimate)	f. Estimated fees (000's)	
					Entire project	Firm's work
Worker's Compensation Claims Administration - 44778 City of New Orleans	Contract Administrator	Claim Administration	Develop, implement, coordinate and evaluate Worker's Comp Transitional Duty Program	Ongoing	6	\$60,000

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16. List all projects currently under contract or under contract negotiations that are being (or will be) performed by the firm's office as listed in item 3.

a. Project name, location, and owner's name	b. Nature of firm's responsibility	c. Indicate whether work completed as prime, subconsultant or joint venture	d. Percent complete	e. Estimated fees (000's)	
				Total fee	Fee remaining
Worker's Compensation Claims Administration-4778 City of New Orleans	Develop, implement, coordinate and evaluate Worker's Comp Transitional Duty Program	Subconsultant	Ongoing	. 6	\$60,000

17. Use this space to provide any additional information or description of resources supporting your firm's qualifications for the proposed project.

18. Ethics Questionnaire: If any owner, officer, or employee of respondent or any of the respondent's subcontractors (whether identified in the submittal or not) is currently an officer, employee, or board member of the City of New Orleans or of any of its departments, boards, or commissions, committees, authorities, agencies, public trusts, or public benefit corporations, please state the name or names of said owner, officer or employee, the relationship to respondent and/or respondent's subcontractor(s), the relationship with City board, agency, department, commission, authority, public trust, or public benefit corporation; if respondent or person(s) identified believe that the relationship is not or would not be a violation of applicable ethics laws, fully explain why not. If applicable, please complete ethics questionnaire on company letterhead attached to the back of this form. By signing below, you have completed the ethics questionnaire or you have not identified any ethical conflict at this time.

19. Pursuant to Louisiana Revised Statute 42:61, I hereby authorize the Regional Transit Authority to discuss the character and professional competence of this firm in Executive Session.

20. The forgoing is a statement of facts.


Signature: Michele Brown  
Typed Name: Michele Brown

Date: 10/9/2024  
Title: Operations Manager

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**FORM CQ - 2012**

**Instructions:** The prime, each subconsultant, and any other tier subconsultant must submit a fully completed CQ-2012 form. All items requested on the form are required, if an item is not applicable, respondents are instructed to enter N/A. Each prime firm participating as a joint venture should complete a separate CQ-2012 form and indicate on the form in item 10 that the response is a joint venture.

<p align="center"><b>Regional Transit Authority</b> Contractor/Consultant Questionnaire CQ-2012</p> 	<p>1. Project name, project number and date of submittal:</p> <p>NEW ORLEANS REGIONAL TRANSIT AUTHORITY THIRD PARTY ADMINISTRATOR OF AUTOMOBILE GENERAL LIABILITY AND WORKERS' COMPENSATION CLAIMS RFP 2024 -028</p>	<p>2. Official name of firm, indicate if prime or subconsultant:</p> <p><b>Carlisle Medical Inc</b></p>	<p>3. Address of office to perform work:</p> <p><b>501 Boulevard Park East Mobile, Alabama 36609</b></p>																																																																
<p>4. Name of parent company, if any:</p> <p><b>Same as above</b></p>	<p>5. Location of headquarters (city):</p> <p><b>Same as above</b></p>	<p>6. Name, title, and telephone number of principal contact:</p> <p><b>Jeff Carlisle 800.553.1783</b></p>	<p>7. Name, title, and telephone number of project manager:</p> <p><b>Tami Bell - Dembski 800.553.1783 251-525-1021 (cell)</b></p>																																																																
<p>8. Specify Type of Business Entity:</p> <p><input checked="" type="radio"/> Corporation</p> <p><input type="radio"/> Proprietorship</p> <p><input type="radio"/> Partnership</p> <p><input type="radio"/> Limited Liability Corporation (LLC)</p> <p><input type="radio"/> Other _____</p>	<p>9. Indicate Special Status:</p> <p><input checked="" type="checkbox"/> Small business</p> <p><input type="checkbox"/> Minority-owned business</p> <p><input type="checkbox"/> Woman-owned business</p>	<p>10. Indicate certifications held regarding special status:</p> <p><input type="checkbox"/> SBE certified</p> <p><input type="checkbox"/> SLDBE certified</p> <p><input type="checkbox"/> LAUCP certified</p>	<p>11. Is this submittal a joint venture (JV)?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If so, has the JV worked together before?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate the legal name of the JV:</p>																																																																
<p>12. List full-time personnel by primary function. Count each only once.</p> <table border="1"> <tr> <td>#</td> <td>Function (e.g. civil engineer)</td> <td>1</td> <td>Pharmacy Manager</td> <td>1</td> <td>Customer Service Director</td> <td>2</td> <td>Shipping / Receiving Coordinator</td> </tr> <tr> <td>1</td> <td>Vice President</td> <td>15</td> <td>Retail Pharmacy Customer Service Rep</td> <td>1</td> <td>DME Manager</td> <td>10</td> <td>DME Sales Rep</td> </tr> <tr> <td>1</td> <td>Executive Assistant</td> <td>1</td> <td>Pharmacy operations Manager</td> <td>1</td> <td>DME Supervisor</td> <td>2</td> <td>Accounts Receivable</td> </tr> <tr> <td>2</td> <td>Pharmacy Tech</td> <td>1</td> <td>Assistant Pharmacy Operations Manager</td> <td>3</td> <td>Home Delivery Customer Service Rep</td> <td>1</td> <td>Billing</td> </tr> <tr> <td>4</td> <td>Pharmacist</td> <td>1</td> <td>Trainer</td> <td>1</td> <td>Accounts Payable Coordinator</td> <td>4</td> <td>Customer Care Coordinator</td> </tr> <tr> <td>1</td> <td>Pharmacy Shipping</td> <td>1</td> <td>Pharmacy Tech Supervisor</td> <td>1</td> <td>IT Senior Developer</td> <td>4</td> <td>DME ADMIN Assistant</td> </tr> <tr> <td>1</td> <td>Pharmacy Supervisor</td> <td>2</td> <td>IT Developer</td> <td>1</td> <td>Accounting Manager</td> <td></td> <td><b>Total Personnel Domiciled in LA</b></td> </tr> <tr> <td>5</td> <td>Sales Executive</td> <td>1</td> <td>IT QA tester</td> <td>1</td> <td>IT Support Specialist</td> <td>117</td> <td><b>Total Personnel</b></td> </tr> </table>				#	Function (e.g. civil engineer)	1	Pharmacy Manager	1	Customer Service Director	2	Shipping / Receiving Coordinator	1	Vice President	15	Retail Pharmacy Customer Service Rep	1	DME Manager	10	DME Sales Rep	1	Executive Assistant	1	Pharmacy operations Manager	1	DME Supervisor	2	Accounts Receivable	2	Pharmacy Tech	1	Assistant Pharmacy Operations Manager	3	Home Delivery Customer Service Rep	1	Billing	4	Pharmacist	1	Trainer	1	Accounts Payable Coordinator	4	Customer Care Coordinator	1	Pharmacy Shipping	1	Pharmacy Tech Supervisor	1	IT Senior Developer	4	DME ADMIN Assistant	1	Pharmacy Supervisor	2	IT Developer	1	Accounting Manager		<b>Total Personnel Domiciled in LA</b>	5	Sales Executive	1	IT QA tester	1	IT Support Specialist	117	<b>Total Personnel</b>
#	Function (e.g. civil engineer)	1	Pharmacy Manager	1	Customer Service Director	2	Shipping / Receiving Coordinator																																																												
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13. List all outside subcontractors or subconsultants you intend to employ for this project.

a. Name and address of subconsultant or subcontractor	b. Specific work to be performed on this project	c. Worked with prime firm before?
None		

14. Brief resumes of key persons anticipated for this project (clearly identify if alternate office location if different than listed in item 3).

<p>a. Name and title: <b>Jeff Carlisle</b></p>	<p>a. Name and title: <b>Heidi Dufrene, PharmD</b></p>
<p>b. Position or assignment for this project: <b>Vice President</b></p>	<p>b. Position or assignment for this project: <b>Manager Pharmacy Department</b></p>
<p>c. Years of professional experience with this firm: <b>19.5</b> With other firms: <b>10</b></p>	<p>c. Years of professional experience with this firm: <b>10</b> With other firms: <b>7</b></p>
<p>d. Education: College or University/ Degree / Year / Specialization <b>Auburn University</b> <b>B.A. - Management Information Systems</b></p>	<p>d. Education: College or University/ Degree / Year / Specialization Xavier University of Louisiana College of Pharmacy, New Orleans, LA * Doctor of Pharmacy Centenary College of Louisiana, Shreveport, LA * Bachelors of Arts in Religious Studies</p>
<p>e. Active registration or applicable certifications: State / Discipline/ License number / First year registered <b>N/A</b></p>	<p>e. Active registration or applicable certifications: State / Discipline/ License number / First year registered <b>Pharmacist Licenses - Louisiana #018312</b></p>
<p>f. Experience and qualifications relevant to this project: <b>Jeff Carlisle</b> joined Carlisle Medical in 2005. Using his experience and knowledge of information systems, he assumed the role of IT Director at Carlisle where he developed Carlisle's current analytic software and continues to oversee strategic technology issues. As a member of executive management at Carlisle Medical, he has been instrumental in developing strategic methodology of Managed Care delivery to carriers and injured workers. His experience with healthcare professionals and research into the work comp industry provided the inspiration to author and publish informative white papers that provide an in-depth insight into the challenges facing the industry, while also offering solutions to rising costs. Jeff recently authored and published "Fighting the War on Opioids" in the Workers Compensation Industry. This white paper's informative approach gives the reader an up-close view at the opioid epidemic facing the nation.</p>	<p>f. Experience and qualifications relevant to this project: <b>Heidi D. Dufrene, Pharm.D.</b>, is the Pharmacy Director with Carlisle Medical, Inc. She received her Doctor of Pharmacy degree from Xavier University of Louisiana College of Pharmacy where she graduated magna cum laude and was also a Rho Chi Honor Society member. Heidi currently holds 9 pharmacy licensures from the following states: Alabama, Arkansas, Louisiana, Maryland, Michigan, Mississippi, Oklahoma, Texas and West Virginia. She serves as a member of Carlisle Medical's P&amp;T Committee. Heidi is a key member of Carlisle Medical's Pharmacy Team. She has years of experience in the workers compensation industry assisting clients with controlling costs and serving injured workers to achieve better outcomes.</p>

15. List work by firm and the firm's personnel to be assigned to this project which best illustrates current qualifications relevant to this project (limit 15 projects).

a. Project name, location, and owner's name	b. Reference contact name, telephone number, and e-mail	c. Project description	d. Nature of firm's responsibilities	e. Completion date (actual or estimate)	f. Estimated fees (000's)	
					Entire project	Firm's work
Work Comp Medical Provider	Tami Bell - Dembski 1/800-488-8543 251-525-1021 (cell)	2023 Pharmacy & Durable Medical Equipment	Pharmacy & Durable Medical Equipment	2023-2024	NA	65



16. List all projects currently under contract or under contract negotiations that are being (or will be) performed by the firm's office as listed in item 3.

a. Project name, location, and owner's name	b. Nature of firm's responsibility	c. Indicate whether work completed as prime, subconsultant or joint venture	d. Percent complete	e. Estimated fees (000's)	
				Total fee	Fee remaining
Work Comp Medical Provider	2024 YTD Pharmacy & Durable Medical Equipment	Prime	Ongoing	52	NA

17. Use this space to provide any additional information or description of resources supporting your firm's qualifications for the proposed project.

Carlisle Medical has been a leader in the workers' compensation industry for over 44 years. We provide tailored pharmacy management solutions that significantly reduce costs for our clients while ensuring high-quality care for injured workers.

Our experienced clinical team—comprising PharmD pharmacists, nurses, physician partners, technicians, and service representatives—will focus on delivering cost-effective pharmacy management services for our clients'.

Our Prescription Review Program has consistently generated substantial savings by recommending more cost-effective medication alternatives. We ensure that both prescribers and claimants receive the education necessary to support these recommendations.

Carlisle Medical is committed to providing a better customer claims experience by providing superior service and technology resources. Our culture and mission are designed around this concept. The processes we have in place ensure the injured worker is served while saving significant time and cost for our clients.

18. Ethics Questionnaire: If any owner, officer, or employee of respondent or any of the respondent's subcontractors (whether identified in the submittal or not) is currently an officer, employee, or board member of the City of New Orleans or of any of its departments, boards, or commissions, committees, authorities, agencies, public trusts, or public benefit corporations, please state the name or names of said owner, officer or employee, the relationship to respondent and/or respondent's subcontractor(s), the relationship with City board, agency, department, commission, authority, public trust, or public benefit corporation; if respondent or person(s) identified believe that the relationship is not or would not be a violation of applicable ethics laws, fully explain why not. If applicable, please complete ethics questionnaire on company letterhead attached to the back of this form. By signing below, you have completed the ethics questionnaire or you have not identified any ethical conflict at this time.

19. Pursuant to Louisiana Revised Statute 42:6.1, I hereby authorize the Regional Transit Authority to discuss the character and professional competence of this firm in Executive Session.

20. The forgoing is a statement of facts.

Signature:



Jeffrey D. Carlisle

Typed Name:

Jeffrey D. Carlisle

Date:

9/24/2024

Title:

Vice-President

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13. List all outside subcontractors or subconsultants you intend to employ for this project.

a. Name and address of subconsultant or subcontractor	b. Specific work to be performed on this project	c. Worked with prime firm before?
N/A	N/A	N/A

14. Brief resumes of key persons anticipated for this project (clearly identify if alternate office location if different than listed in item 3).

<p>a. Name and title: <b>Sam Holland</b></p>	<p>a. Name and title: <b>BJ Dougherty</b></p>
<p>b. Position or assignment for this project: <b>VP, Account Management</b></p>	<p>b. Position or assignment for this project: <b>Chief Operating Officer</b></p>
<p>c. Years of professional experience with this firm: <b>3</b>      With other firms: <b>30</b></p>	<p>c. Years of professional experience with this firm: <b>4</b>      With other firms: <b>30</b></p>
<p>d. Education: College or University/ Degree / Year / Specialization <b>Ph.D. in Decision Sciences</b></p>	<p>d. Education: College or University/ Degree / Year / Specialization <b>Bachelor of Arts, University of Pittsburgh</b></p>
<p>e. Active registration or applicable certifications: State / Discipline/ License number / First year registered · <b>Workers' Compensation, (CWCP) from Michigan State University,</b>  · <b>Total Quality Management from Indiana Wesleyan University</b>  · <b>an HIA from the Health Insurance Association of America.</b></p>	<p>e. Active registration or applicable certifications: State / Discipline/ License number / First year registered</p>
<p>f. Experience and qualifications relevant to this project: - <b>Substantive experience with complex healthcare issues and the associated impact to injured workers.</b> - <b>Helps clients improve the management of their bill review and managed care programs</b> - <b>Assists clients with their day-to-day functions.</b> - <b>Former Vice President for Quality Improvement at Accident Fund Insurance Company of America in Lansing, Michigan.</b></p>	<p>f. Experience and qualifications relevant to this project: - <b>Oversee company operations and employee productivity, building a highly inclusive culture ensuring team members thrive and organizational outcomes are met.</b> - <b>Build and maintain trusted relationships with key customers, clients, partners, and stakeholders.</b> - <b>Ensure effective recruiting, onboarding, professional development, performance management, and retention.</b></p>

15. List work by firm and the firm's personnel to be assigned to this project which best illustrates current qualifications relevant to this project (limit 15 projects).

a. Project name, location, and owner's name	b. Reference contact name, telephone number, and e-mail	c. Project description	d. Nature of firm's responsibilities	e. Completion date (actual or estimate)	f. Estimated fees (000's)	
					Entire project	Firm's work
Athens Administrators	Leann Farlander (714) 740-1769 lfarlander@athensmci.com	Medical Bill Review PPO Cost Containment	Medical Bill Review PPO Cost Containment	November 2021 - present		
LWP Claims Solutions	Judy Adlam (800) 565-5694 j_adlam@lwpclaims.com	Medical Bill Review Cost Containment MPN PPO Negotiations	Medical Bill Review Cost Containment MPN PPO Negotiations	April 2022 - present		
Midwestern Insurance Alliance LLC	Marc Risen (502) 645-3544 mhrisen@midwesterninsurance.com	Medical Bill Review PPO Network Access	Medical Bill Review PPO Network Access	September 2021 - present		

16. List all projects currently under contract or under contract negotiations that are being (or will be) performed by the firm's office as listed in item 3.

a. Project name, location, and owner's name	b. Nature of firm's responsibility	c. Indicate whether work completed as prime, subconsultant or joint venture	d. Percent complete	e. Estimated fees (000's)	
				Total fee	Fee remaining
Pacific Claims Management	Medical Bill Review Cost Containment PPO	Prime	80%		

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17. Use this space to provide any additional information or description of resources supporting your firm's qualifications for the proposed project.

18. Ethics Questionnaire: If any owner, officer, or employee of respondent or any of the respondent's subcontractors (whether identified in the submittal or not) is currently an officer, employee, or board member of the City of New Orleans or of any of its departments, boards, or commissions, committees, authorities, agencies, public trusts, or public benefit corporations, please state the name or names of said owner, officer or employee, the relationship to respondent and/or respondent's subcontractor(s), the relationship with City board, agency, department, commission, authority, public trust, or public benefit corporation; if respondent or person(s) identified believe that the relationship is not or would not be a violation of applicable ethics laws, fully explain why not. If applicable, please complete ethics questionnaire on company letterhead attached to the back of this form. By signing below, you have completed the ethics questionnaire or you have not identified any ethical conflict at this time.

19. Pursuant to Louisiana Revised Statute 42:6.1, I hereby authorize the Regional Transit Authority to discuss the character and professional competence of this firm in Executive Session.

20. The forgoing is a statement of facts.

Signature: Larry Brinton, Jr. Digitally signed by Larry Brinton, Jr.  
Date: 2024.09.24 16:29:04 -04'00'  
Typed Name: Larry Brinton, Jr.

Date: 09/24/2024  
Title: Chief Sales Officer



## FORM CQ - 2012

**Instructions:** The prime, each subconsultant, and any other tier subconsultant must submit a fully completed CQ-2012 form. All items requested on the form are required, if an item is not applicable, respondents are instructed to enter N/A. Each prime firm participating as a joint venture should complete a separate CQ-2012 form and indicate on the form in item 10 that the response is a joint venture.

<p style="text-align: center;"><b>Regional Transit Authority</b> Contractor/Consultant Questionnaire CQ-2012</p>	<p>1. Project name, project number and date of submittal: <b>THIRD PARTY ADMINISTRATOR AL GL WC REQUEST FOR PROPOSALS (RFP) #2024-028</b></p>	<p>2. Official name of firm, indicate if prime or subconsultant: <b>Case Experts</b></p>	<p>3. Address of office to perform work: <b>2920 North 7th Street West Monroe, LA 71291</b></p>																																																												
<p>4. Name of parent company, if any:</p>	<p>5. Location of headquarters (city): <b>2920 North 7th Street West Monroe, LA 71291</b></p>	<p>6. Name, title, and telephone number of principal contact: <b>Hannah Groan - (318) 301-1950</b></p>	<p>7. Name, title, and telephone number of project manager: <b>Hannah Groan - (318) 301-1950</b></p>																																																												
<p>8. Specify Type of Business Entity:</p> <p><input type="radio"/> Corporation</p> <p><input type="radio"/> Proprietorship</p> <p><input type="radio"/> Partnership</p> <p><input type="radio"/> Limited Liability Corporation (LLC)</p> <p><input type="radio"/> Other</p>	<p>9. Indicate Special Status:</p> <p><input checked="" type="checkbox"/> Small business</p> <p><input type="checkbox"/> Minority-owned business</p> <p><input type="checkbox"/> Woman-owned business</p>	<p>10. Indicate certifications held regarding special status:</p> <p><input type="checkbox"/> SBE certified</p> <p><input type="checkbox"/> SLDBE certified</p> <p><input type="checkbox"/> LAUCP certified</p>	<p>11. Is this submittal a joint venture (JV)?</p> <p style="text-align: center;"><input type="radio"/> Yes    <input checked="" type="radio"/> No</p> <p>If so, has the JV worked together before?</p> <p style="text-align: center;"><input type="radio"/> Yes    <input type="radio"/> No</p> <p>Indicate the legal name of the JV:</p>																																																												
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13. List all outside subcontractors or subconsultants you intend to employ for this project.

a. Name and address of subconsultant or subcontractor	b. Specific work to be performed on this project	c. Worked with prime firm before?
None		

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14. Brief resumes of key persons anticipated for this project (clearly identify if alternate office location if different than listed in item 3).

<p>a. Name and title: <b>Hannah Groan - Director of Operations</b></p>	<p>a. Name and title:</p>
<p>b. Position or assignment for this project: <b>Director of Operations</b></p>	<p>b. Position or assignment for this project:</p>
<p>c. Years of professional experience with this firm:                      With other firms:</p>	<p>c. Years of professional experience with this firm:                      With other firms:</p>
<p>d. Education: College or University/ Degree / Year / Specialization <b>University of Louisiana at Monroe (ULM)</b> <b>Bachelor of Science - Nursing</b></p>	<p>d. Education: College or University/ Degree / Year / Specialization</p>
<p>e. Active registration or applicable certifications: State / Discipline/ License number / First year registered <b>Multi-State Registered Nurse License</b> <b>RN133972</b> <b>2011</b></p>	<p>e. Active registration or applicable certifications: State / Discipline/ License number / First year registered</p>
<p>f. Experience and qualifications relevant to this project: <b>Duties:</b> <b>Assisting in Managing in day-to-day operations</b> <b>Receiving and inputting orders</b> <b>Allied Service coordinator for Workers' Compensation patients</b> <b>Communication and coordination with Allied Service providers</b> <b>Assist in drafting policies and procedures</b> <b>Quality Assurance</b> <b>Invoicing</b> <b>Management of Payment Reconciliation</b> <b>Training</b> <b>Research to find the most cost effective product</b> <b>Regularly communicate and work alongside the claims adjuster</b> <b>Review of medical records</b></p>	<p>f. Experience and qualifications relevant to this project:</p>

15. List work by firm and the firm's personnel to be assigned to this project which best illustrates current qualifications relevant to this project (limit 15 projects).

a. Project name, location, and owner's name	b. Reference contact name, telephone number, and e-mail	c. Project description	d. Nature of firm's responsibilities	e. Completion date (actual or estimate)	f. Estimated fees (000's)	
					Entire project	Firm's work
Walmart	Shelly Brenaman shelly.brenaman@walmart.com	Ancillary Services for Workers Comp	DME, Transportation, Translation, Home Health, PT, OT, Diagnostics			
LUBA Workers' Comp	Chris Kennedy ckennedy@lubawc.com	Ancillary Services for Workers Comp	DME, Transportation, Translation, Home Health, PT, OT, Diagnostics			
Entergy	Faye Lockett fross@entergy.com	Ancillary Services for Workers Comp	DME, Transportation, Translation, Home Health, PT, OT, Diagnostics			
LOCA	Esty Durst edurst@locaclaims.com	Ancillary Services for Workers Comp	DME, Transportation, Translation, Home Health, PT, OT, Diagnostics			
LAC - Claims	Tommy Green tlg@la-ag.com	Ancillary Services for Workers Comp	DME, Transportation, Translation, Home Health, PT, OT, Diagnostics			
The Gray Insurance Company	Andy Condrey acondrey@grayinsco.com	Ancillary Services for Workers Comp	DME, Transportation, Translation, Home Health, PT, OT, Diagnostics			

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16. List all projects currently under contract or under contract negotiations that are being (or will be) performed by the firm's office as listed in item 3.

a. Project name, location, and owner's name	b. Nature of firm's responsibility	c. Indicate whether work completed as prime, subconsultant or joint venture	d. Percent complete	e. Estimated fees (000's)	
				Total fee	Fee remaining
See above					

17. Use this space to provide any additional information or description of resources supporting your firm's qualifications for the proposed project.

18. Ethics Questionnaire: If any owner, officer, or employee of respondent or any of the respondent's subcontractors (whether identified in the submittal or not) is currently an officer, employee, or board member of the City of New Orleans or of any of its departments, boards, or commissions, committees, authorities, agencies, public trusts, or public benefit corporations, please state the name or names of said owner, officer or employee, the relationship to respondent and/or respondent's subcontractor(s), the relationship with City board, agency, department, commission, authority, public trust, or public benefit corporation; if respondent or person(s) identified believe that the relationship is not or would not be a violation of applicable ethics laws, fully explain why not. If applicable, please complete ethics questionnaire on company letterhead attached to the back of this form. By signing below, you have completed the ethics questionnaire or you have not identified any ethical conflict at this time.

19. Pursuant to Louisiana Revised Statute 42:6.1, I hereby authorize the Regional Transit Authority to discuss the character and professional competence of this firm in Executive Session.


20. The forgoing is a statement of facts.

Signature: Scott Parker  
Typed Name: Scott A. Parker

Date: 9/24/2024  
Title: Owner

**FORM CQ - 2012**

**Instructions:** The prime, each subconsultant, and any other tier subconsultant must submit a fully completed CQ-2012 form. All items requested on the form are required, if an item is not applicable, respondents are instructed to enter N/A. Each prime firm participating as a joint venture should complete a separate CQ-2012 form and indicate on the form in item 10 that the response is a joint venture.

<p align="center"><b>Regional Transit Authority</b> Contractor/Consultant Questionnaire CQ-2012</p> 	<p>1. Project name, project number and date of submittal:</p> <p>NEW ORLEANS REGIONAL TRANSIT AUTHORITY THIRD PARTY ADMINISTRATOR OF AUTOMOBILE GENERAL LIABILITY AND WORKERS' COMPENSATION CLAIMS RFP 2024 -028</p>	<p>2. Official name of firm, indicate if prime or subconsultant:</p> <p>CoreCare Management, LLC</p>	<p>3. Address of office to perform work:</p> <p>Main Office: 700 Mariners Plaza Drive, Suite 70, Mandeville, LA 70448</p>																																																																								
<p>4. Name of parent company, if any:</p> <p>n/a</p>	<p>5. Location of headquarters (city):</p> <p>See box 3</p>	<p>6. Name, title, and telephone number of principal contact:</p> <p>Jeannie Lillis, MHS, CCM, CRC, LRC President, Case Manager 504-858-7832</p>	<p>7. Name, title, and telephone number of project manager:</p> <p>Jeannie Lillis, MHS, CCM, CRC, LRC President, Case Manager 504-858-7832</p>																																																																								
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13. List all outside subcontractors or subconsultants you intend to employ for this project.

a. Name and address of subconsultant or subcontractor	b. Specific work to be performed on this project:	c. Worked with prime firm before?
n/a CoreCare will be working the project with the employees noted in section 12, Louisiana.		



14. Brief resumes of key persons anticipated for this project (clearly identify if alternate office location if different than listed in item 3).

<p>a. Name and title: <b>Jeannie Lillis, MHS, CCM, CRC, LRC - President, Vocational</b></p>	<p>a. Name and title: <b>Alicia Edens, RN, CCM - Director of Case Management, Nur</b></p>
<p>b. Position or assignment for this project: <b>Contact Person</b></p>	<p>b. Position or assignment for this project: <b>Contact Person</b></p>
<p>c. Years of professional experience with this firm: <b>9</b> With other firms: <b>22</b></p>	<p>c. Years of professional experience with this firm: <b>9</b> With other firms: <b>22</b></p>
<p>d. Education: College or University/ Degree / Year / Specialization <b>Louisiana State University Health Sciences Center, New Orleans LA</b> <b>Master of Health Sciences -Rehabilitation Counseling - Graduation May 1994</b>  <b>University of New Orleans/Bachelor of Science/1992</b></p>	<p>d. Education: College or University/ Degree / Year / Specialization <b>Southeastern Louisiana University, Hammond LA</b> <b>Bachelor of Science in Nursing 1992</b></p>
<p>e. Active registration or applicable certifications: State / Discipline/ License number / First year registered <b>CCM - Certified Case Manager: National Certification #15332, June 1, 1999 -Present</b>  <b>CRC - Certified Rehabilitation Counselor: National Certification #16332, October 31, 1990-Present</b>  <b>LRC - Licensed Rehabilitation Counselor: State Certification #456 (1994-Present)</b></p>	<p>e. Active registration or applicable certifications: State / Discipline/ License number / First year registered <b>RN - Louisiana/Registered Nurse: License #: RN073144, Issued 3/17/1993</b>  <b>CCM - Certified Case Manager: National Certification 44923, June</b></p>
<p>f. Experience and qualifications relevant to this project: <b>Over 30 years of medical case management and vocational experiences working with individuals injured on the job.</b>  <b>Established return to work programs for New Orleans based business, including municipalities and private businesses.</b>  <b>Experience with working with the care team to modify jobs to facilitate return to work.</b></p>	<p>f. Experience and qualifications relevant to this project: <b>Medical/Nurse case management experience.</b></p>

15. List work by firm and the firm's personnel to be assigned to this project which best illustrates current qualifications relevant to this project (limit 15 projects).

a. Project name, location, and owner's name	b. Reference contact name, telephone number, and e-mail	c. Project description	d. Nature of firm's responsibilities	e. Completion date (actual or estimate)	f. Estimated fees (000's)	
					Entire project	Firm's work
Boh Brothers New Orleans LA	Jeff Clements	Completed job assessments for all full time positions as well as established the transitional duty position. Provided medical case management as indicated.	Case management-Medical and Vocational	Ongoing	8	Ongoing
New Orleans Fire Department Volunteered Time-NO Charge	Terry Gaines	Completed job descriptions for return to work program for firefighters	Return to Work	2004 est	0	Ongoing
LLWCC Baton Rouge	Jill Leonard, VP	Provide ongoing services to support achieving maximum medical improvement and return to the workforce for individuals injured on the job.	Case management - Vocational and Medical.	Ongoing	Fixed Rate	Ongoing
LUBA Baton Rouge	Chris Kennedy, VP	Provide ongoing services to support achieving maximum medical improvement and return to the workforce for individuals injured on the job.	Case management - Vocational and Medical. MSA	Ongoing	85 hrly	Ongoing

CQ - 2012 Page 4

16. List all projects currently under contract or under contract negotiations that are being (or will be) performed by the firm's office as listed in item 3.

a. Project name, location, and owner's name	b. Nature of firm's responsibility	c. Indicate whether work completed as prime, subconsultant or joint venture	d. Percent complete	e. Estimated fees (000's)	
				Total fee	Fee remaining
N/A ongoing fee for service contracts with various employers and insurance companies.	Medical and Vocational Case Management Services MSA Bill Review Life Care Planning Utilization Review				

17. Use this space to provide any additional information or description of resources supporting your firm's qualifications for the proposed project.

18. Ethics Questionnaire: If any owner, officer, or employee of respondent or any of the respondent's subcontractors (whether identified in the submittal or not) is currently an officer, employee, or board member of the City of New Orleans or of any of its departments, boards, or commissions, committees, authorities, agencies, public trusts, or public benefit corporations, please state the name or names of said owner, officer or employee, the relationship to respondent and/or respondent's subcontractor(s), the relationship with City board, agency, department, commission, authority, public trust, or public benefit corporation, if respondent or person(s) identified believe that the relationship is not or would not be a violation of applicable ethics laws, fully explain why not. If applicable, please complete ethics questionnaire on company letterhead attached to the back of this form. By signing below, you have completed the ethics questionnaire or you have not identified any ethical conflict at this time.

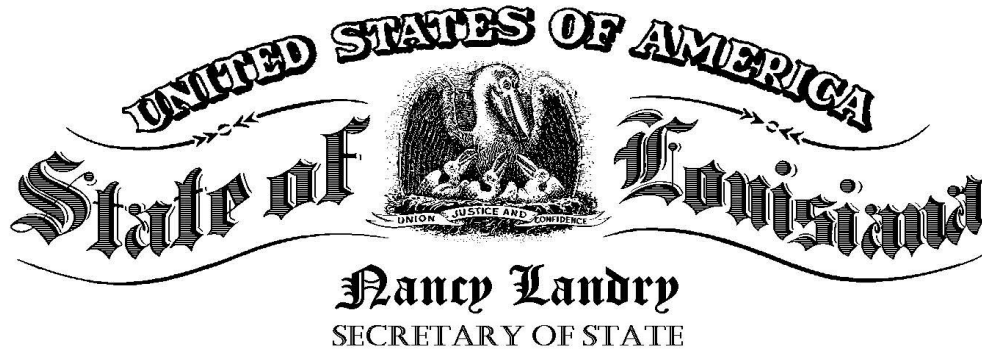
19. Pursuant to Louisiana Revised Statute 42:6.1, I hereby authorize the Regional Transit Authority to discuss the character and professional competence of this firm in Executive Session.

20. The forgoing is a statement of facts.

Signature:   
Typed Name: Jeannie Lillis

Date: 10/10/24  
Title: President

Secretary of State – Good Standing Letter



*As Secretary of State of the State of Louisiana I do hereby Certify that*

**HAMMERMAN & GAINER, LLC**

A limited liability company domiciled in KENNER, LOUISIANA,

Filed charter and qualified to do business in this State on December 16, 1999,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

September 23, 2024

*Nancy Landry*

*Secretary of State*

Web 34869020K



Certificate ID: 11937019#N83

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.  
[www.sos.la.gov](http://www.sos.la.gov)

Page 1 of 1 on 9/23/2024 3:16:23 PM

# Third Party Administrator License



**Louisiana Department of Insurance**  
**Timothy J. Temple**  
**Commissioner**

Run: 07/19/2024 8:09 AM

## VERIFICATION OF LICENSE STATUS

**License Number:** 448790  
**Name:** Hammerman & Gainer, LLC  
**NPN:** 8723485  
**Business Address:** 2400 Veterans Memorial Blvd Suite 510 Suite 510  
 Kenner, LA 70062  
**Business Phone:** (504) 568-6135  
**Trade Name(s):**  
**Residency:** Resident

### Lines of Authority

Claims Adjuster Agency			
Authority	Effective Date	Valid Through	Status
Property & Casualty	01/14/2013	03/31/2026	Active

### Lines of Authority

Producer Agency			
Authority	Effective Date	Valid Through	Status
Accident and Health or Sickness	03/20/2008	03/31/2020	Cancelled
Life	03/20/2008	03/31/2026	Active

### Company Appointments

Name	NAIC #	Lines	Issue Date	Status	Inactive Date
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### Affiliations

Name	Position	Effective Date
James, Vanessa Rena	Adjuster	12/27/2012
Oney, Larry Dean	President	03/20/2008

# Southern Region Minority Supplier Developmental Council Certification

THIS CERTIFIES THAT

## Hammerman & Gainer LLC

dba Hammerman & Gainer



\* Nationally certified by the: **SOUTHERN REGION MINORITY SUPPLIER DEVELOPMENT COUNCIL**

\*NAICS Code(s): 524292; 524291; 524210; 541611; 561320; 541620; 541910

\* Description of their product/services as defined by the North American Industry Classification System (NAICS)

01/05/2024

**Issued Date**

SR01931

**Certificate Number**

01/30/2025

**Expiration Date**

  
Ying McGuire  
NMSDC CEO and President

  
Alvin-o Williams Interim President/CEO

By using your password (NMSDC issued only), authorized users may log into NMSDC Central to view the entire profile: <http://nmsdc.org>

*Certify, Develop, Connect, Advocate.*

\* MBEs certified by an Affiliate of the National Minority Supplier Development Council, Inc.®

**RESPONSE FOR:**

**NEW ORLEANS  
REGIONAL TRANSIT AUTHORITY  
THIRD PARTY ADMINISTRATOR OF AUTOMOBILE/GENERAL LIABILITY AND  
WORKERS' COMPENSATION CLAIMS  
RFP 2024 -028**

**COST PROPOSAL**

Submission: October 10, 2024  
4:00pm



**HAMMERMAN & GAINER, LLC**

**2400 VETERANS MEMORIAL**

**BLVD, STE 510**

**KENNER, LA 70062**

**CANDY DOTTOLO**

**DESIGNATED SIGNATURE  
AUTHORITY**

**OFFICE: (504) 681-6135**

**EMAIL: CANDYV@HGI-GLOBAL.COM**



## New Orleans Regional Transit Authority

### 2024 Pricing Schedule

Hammerman & Gainer LLC proposes the following flat annual fee to provide claims adjusting and administration services to the New Orleans Regional Transit Authority for Third Party Administrator of Automobile/General Liability and Workers' Compensation Claims, RFP# 2024-028.

#### **FEES:**

**\$220,000 annually to be paid in twelve (12) monthly installments.**

Services included:

- Electronic Claims Management Database System
- Account Manager/Supervisor
- 24/7 On-Call Adjusters
- 24/7 Scene Investigations
- New claims setups
- Monthly/Quarterly Loss Runs
- Excess Carrier Loss Run Submissions
- Excess Carrier Reporting
- Third Party Investigations
- Claims Meetings- Virtual/In-Person
- Reports/Requests-Auditors
- Loss Fund Management
- MMSEA Section 111 Reporting to CMS
- Identification of Potential Second Injury Fund Claims
- Quality Assurance Program
- Litigation Management//Reserve Tracking System

**Below list of typical allocated claim loss expenses not included in the above flat rate.**

1. Fees and/disbursements of attorneys for claims in suit and for representation at hearings, mediations, pre-trial or trials
2. Fees of court reporters for services or transcripts
3. Fees for stenographic services or transcripts
4. All court costs, court fees, and court expenses
5. Printing costs related to trials, hearings, or appeals
6. Interest paid as result of litigation
7. Penalties/Attorney Fees
8. Fees for service of process
9. Court of appeal bonds
10. Costs of surveillance, private investigators or detective services
11. Costs of social media canvass
12. Costs for employing experts for the preparation of maps, professional photographs, accounting, chemical or physical analysis, diagrams, surveys, analysis, or reports
13. Costs for employing experts for advice, opinions, or testimony concerning claims under investigation or in litigation
14. Costs for independent medical examination and/or evaluation for rehabilitation and/or to determine the extent of Client's liability including any reasonable and necessary travel expenses of claimant
15. Costs of legal transcripts of testimony taken at coroner's inquests, criminal, or civil proceedings
16. Costs of copies of any public records and/or medical records or reports
17. Costs of depositions and court reported and/or recorded statements
18. Costs of engineers, handwriting experts, and/or any other type of expert used in the preparation of litigation and/or used on a one-time basis to resolve disputes
19. Excess Carrier Recoveries Fees
20. Third Party Recoveries Fees
21. Second Injury Fund Recoveries Fees
22. Witness fees and travel expenses

23. Costs of appraisal fees and expenses
24. Costs of photographs and photocopy vendor services
25. Costs of Index Bureau searches (ISO)
26. Medicare Set asides (MSA)
27. Medical Cost Containment Fees
28. Utilization Review Fees
29. Medical Peer Reviews
30. Vocational Rehabilitation
31. Medical Case Management
32. Medical Bill Reviews/Repricing
33. PPO Medical Bill Access Fees
34. Negotiated Medical Bill Fees
35. Pharmacy Benefit Management Access Fees
36. Ad-Hoc Customized Reports
37. Services performed outside Service Company's normal geographic regions
38. Any other similar cost, fee or expense reasonably chargeable to the investigation, negotiation, settlement, or defense of a claim or loss or for the protection or perfection of the subrogation rights of client