

# **JIF CLAIMS COORDINATORS TRAINING SEMINAR**



**Presented by:**

**Chris Roselli, Tammy Langsdorf,  
Joe Lisciandri & Susan Mooney**

# QUAL-LYNX STAFF

- Claims:
  - Intake
  - Investigation
  - Claim Adjudication
  - Payments
- Managed Care:
  - Intake
  - Nurse Case Management
  - Network



# CLAIMS SUPPORT



- Claims Coordinator
- Claims Personnel
- Fund Administrator
- Expert Defense Panel
- Fund Attorney
- Risk Management Consultant

# MULTIPLE LINES OF COVERAGE



Qual-Lynx handles multiple lines of coverage:

- Property: damage to municipal vehicles, equipment, or buildings.
- General Liability: bodily injury or property damage to a third party.
- Automobile Liability: bodily injury or property damage to a third party.
- Workers' Compensation: your employees' work related injury claims.

# ROLE OF THE CLAIMS COORDINATOR

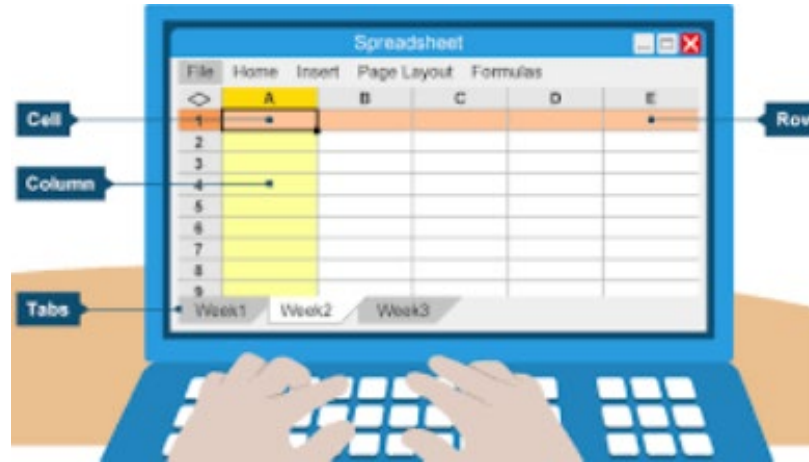


# ROLE OF THE CLAIMS COORDINATOR

The Claims Coordinator has the following responsibilities:

- Coordinate prompt reporting of all claims within the municipality.
- Maintain supply of claim forms.
- Serve as a liaison between the municipality, TPA, and the MCO.
- Direct injured employees to Panel Physician for initial medical evaluation. Follow-up with employee/claims adjuster/supervisor/ nurse case manager, as needed to track the progress of the claim.
- Direct supervisors to “Incident Reports” on the JIF website; encourage completion within reasonable timeframe and transmit all reports as indicated.
- Maintain records on all claims submitted.
- Early, accurate claim reporting is essential to controlling the costs associated with your Workers’ Compensation, Liability and Property Damage programs.

# Qual-Lynx Reports



- Qual-Lynx can provide a number of different reports that show open and closed claims in a variety of formats to help you manage and track your municipality's claims.
- Standard reports are available on a monthly/quarterly/annual basis

# Reports - continued

- Fund Commissioners receive 2 reports via e-mail every month.
  - Claims Experience Summary
  - Claim Level Loss Run.
- Risk Management Consultants (RMC) receive these reports on a quarterly basis.
- Upon request we can:
  - Add a recipient such as a Claims Coordinator or CFO
  - Modify any of the parameters of the data within a report
  - Change the frequency with which you receive a report.

Claimant Type	# of Claims	Open	Closed	Open Reserve	Net Paid to Date	Net Incurred	Total Paid to Date	Total Incurred	Recovery
<b>Insurer: FJF - FADBYL, XIONT INCL FUND</b>									
<b>Auto Loss</b>									
+ Indemnity/PD/Cat				0.00	315.45	315.45	315.45	315.45	0.00
+ Other				0.00	566.00	566.00	566.00	566.00	0.00
<b>1ST PARTY PD</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0.00</b>	<b>881.45</b>	<b>881.45</b>	<b>881.45</b>	<b>881.45</b>	<b>0.00</b>
+ Indemnity/PD/Cat				76,810.84	1,697,892.21	1,774,703.05	1,792,425.52	1,779,236.36	4,533.31
+ Expenses				3,827.41	37,868.20	41,695.61	37,868.20	41,695.61	0.00
+ Legal				0.00	29,138.26	29,138.26	29,138.26	29,138.26	0.00



# PROPERTY

## DAMAGE TO OWNED PROPERTY & VEHICLES (INCLUDING CONTENTS AND EQUIPMENT)

Vehicle Damage

Windstorm

FIRE

CRIME

VANDALISM



\$1000  
Deductible

# FIRST PARTY PROPERTY CLAIMS

- Fire, theft, vandalism, wind damage, lightning, flood.
- Automobile physical damage (your vehicles).
- Any damage to insured property (i.e., owned buildings, contents, lighting, bleachers, park equipment, clothing, communications devices, fire rescue equipment, etc.).
- Damage to backhoes or other off road equipment.
- Boiler and machinery losses.
- Damage to watercraft.
- Theft of funds.



# EQUIPMENT BREAKDOWN CLAIMS

## AKA BOILER & MACHINERY

- Qual-Lynx staff will alert you when a claim may fall within this coverage.
- The Qual-Lynx adjuster will place the Boiler and Machinery Carrier on notice for you. The Carrier is Zurich, North American(NA).
- You will be contacted by an adjuster from Zurich.
- Qual-Lynx will maintain an open file so you may always contact the QL adjuster to discuss.
- Claims that may fall within coverage could be a mechanical breakdowns to equipment or artificial power surge damages.

**\$5000**  
**Deductible**

# PROPERTY POINTERS



- Report the claim as soon as possible.
  - Even non-emergency claims should be reported.
  - Enables the proper protection of the damaged and undamaged property involved in the loss.
  - Quick reporting can assist in preserving any evidence that may exist to determine causation and for subrogation.
- Provide as much information at the outset of the claim as possible.
  - For example, knowing where a municipal vehicle is located and whether it is accruing storage can keep costs down.

# COMMON COVERAGE EXCLUSIONS

- Long term events (rust, rotted materials, **mold, pollution/contamination**).
- Roadways, sidewalks, pavements.
- Trees, bushes and shrubs.
- General cleanup of streets, or extra costs related to increased curbside pick up of residents' debris.
- Lawns, land, land improvements and ball fields.

# AUTO PHYSICAL DAMAGE

*Comprehensive*

**ACV\***

*Collision*



*JIF does not cover  
damage to  
volunteer autos!*

**\*Fire Trucks and Ambulances are valued at the lesser of Replacement Cost  
or the Stated Value reported to the JIF in the Statement of Values.**

**\$ 1000  
Deductible**

# WHAT DO YOU DO?

- Report the claim to Qual-Lynx at the earliest opportunity.
- The following is needed to start a claim:
  - a description of the loss
  - the location of the loss
  - the date of loss
  - contact person with contact information
- Mitigate damages (start clean up, board up).
- Timing is very important - delays can cost money and in some cases, coverage.
- Protect involved equipment. It may be evidence!





# PROPERTY CLAIMS ROADMAP

When there is damage to a vehicle, building or equipment owned by the Municipality, this is a 1<sup>st</sup> Party Property Claim.



## Step 1

Complete Property Acord form found @ the JIF website and email to the Property Unit Supervisor. Please include at least the following 4 pieces of information.

Date of Loss

Description

Location

Contact



## Step 2

Mitigate damages by cleaning up water or boarding up windows. Delays can cost money and in some cases coverage. Protect involved equipment, it may be evidence.

## Step 3

Remove vehicles from establishments charging storage fees. Take pictures **BEFORE** anything is discarded.

## Step 4

Save Receipts – Save Evidence – Save Agreements. This can help with proving the claim and with Subrogation.

## Step 5

Qual-Lynx will handle the claim to conclusion and following for any Subrogation/Salvage Potential.



### Contact Information

#### Property Unit Supervisor:

Joe Lisciandri

[jlisciandri@qual-lynx.com](mailto:jlisciandri@qual-lynx.com)

609.601.3191

#### Deductibles:

Buildings/Contents: \$1,000

Vehicles: \$1,000

Boiler and Machinery: \$5,000





## A person wearing a blue t-shirt is holding a large, black Holga camera. The camera is a 120mm model, featuring a large lens with 'OPTICAL LENS' and '1:8 F2.8mm' markings. The person's face is partially visible above the camera.

- Walmart
- Supercentre
- WE SELL  
FIRE ALARMS
- DIFFERENT 3106
- |                    |                |            |       |
|--------------------|----------------|------------|-------|
| ST# 3106 OP#       | 0005522        | 153 16 TR# | 02309 |
| ** RETRIEVE        | 0005522        | 153 16 TR# | 02309 |
| SE RG3P FNC#       | 0168562595555  | \$2.97     | J J   |
| SE RG3P FNC#       | 0168562595555  | \$2.97     | J J   |
| SE RG3P BATH       | 0168562595527  | \$6.97     | J J   |
| SE RG3P BATH       | 0168562595529  | \$6.97     | J J   |
| 3PK KT             | 330323100953   | \$3.00     | AA    |
| OVENMNT 2PC        | 330323100942   | \$3.00     | AA    |
| MEDICAL TUBHD7     | 032322261243   | \$2.00     | AA    |
| RV KETTLE          | 052322879526   | \$13.77    | J J   |
| ** VOIDED ENTRY ** |                |            |       |
| RV KETTLE          | 052322879526   | \$13.77    | J J   |
| GV QUIC CATS       | 058113181107   | \$1.97     | D     |
| CPA A RULK         | 0000000004173K |            |       |

**-EVIDENCE-**

Description: \_\_\_\_\_

Date Recd: \_\_\_\_\_

From: \_\_\_\_\_

Quantity: \_\_\_\_\_

Where Found: \_\_\_\_\_

Appraised by: \_\_\_\_\_

Rec'd by: \_\_\_\_\_

Signature of Recipient: \_\_\_\_\_

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Loomis 100-100000

# VEHICLES AND SALVAGE

**PLEASE TAKE ALL DAMAGED VEHICLES BACK  
TO A SECURED YARD OWNED BY THE MUNICIPALITY.**

- If the vehicle is drivable, it is not much of an issue. The vehicle can be driven to an auto body shop for an estimate and potentially still be in use.
- If the vehicle is not drivable, it should not be taken to an auto body shop where it may accrue storage. Your choice of repairer should have no issues coming to you for an inspection.
- If it is totaled, it is where it should be, and will remain there until the highest bidder for the salvage comes to pick it up.
- If not totaled, the repairing shop will likely not charge for the tow (depending on vehicle size and condition).

# CYBER

Cyber attacks on local government are increasing.

Over the past two years JIF members have suffered over \$3,000,000 in claims vs \$1,000,000 in premiums paid.

Types of attacks include:

- **Malware**
- **Phishing**
- **Ransomware**

If you suspect that you have been attacked immediately disconnect computers from the network and:

# CYBER INCIDENT ROADMAP

You expect or know of a cyber incident.

The clock is ticking to avoid further damage to you and your stakeholders.



**Step 1** Report to Claims Administrator

**Step 2** Call XL Catlin 24/7 Breach Hotline at **(855) 566-4724** and they will triage your incident.

XL Catlin Cyber Claims Specialist steps in to manage the claim for you

When needed, your Cyber Claims Specialist will engage an XL preapproved expert cyber attorney

In addition to their duties, the attorney will engage any other needed experts



Your Cyber Claims Team will walk you through every step of responding to the incident and offer assistance and take actions on your behalf as necessary.

Municipal  
Joint  
Insurance  
Fund



## Other Considerations

XL Catlin online cyber portal:

[www.cyberriskconnect.com](http://www.cyberriskconnect.com)

Access Code: 10448

MEL Coverage Bulletin 18-25

Fund Attorney: David DeWeese  
(609) 522-5599

Claims Administrator: Qual-Lynx  
Joe Lisciandri (609) 833-2090



# PROPERTY CONTACT INFORMATION

Joe Lisciadri, Property Claims Supervisor  
Qual-Lynx  
100 Decadon Drive  
Egg Harbor Township, NJ 08234  
Direct Dial Office - 609-601-3191  
Cell Phone - 609-402-5218  
Property Dedicated Fax 609-601-3192

[jlisciadri@qual-lynx.com](mailto:jlisciadri@qual-lynx.com)

- Eileen Stasuk, Senior Property Adjuster 609-833-2091
- Doris Moore, Property Adjuster 609-833-2903
- Diane Payne 609-833-2202
- Tanya Johnson 609-996-2605

[estasuk@qual-lynx.com](mailto:estasuk@qual-lynx.com)

[dmoore@qual-lynx.com](mailto:dmoore@qual-lynx.com)

[dpayne@qual-lynx.com](mailto:dpayne@qual-lynx.com)

[tanya.johnson2@qual-lynx.com](mailto:tanya.johnson2@qual-lynx.com)

# AUTO LIABILITY



Any Motor Vehicle Accident involving an insured vehicle which results in bodily injury and/or property damage to others or to a pedestrian.



# AUTO LIABILITY

- Municipal vehicle accident that causes:
  - Injury to others.
  - Damage to another's vehicle.
  - Damage to property of others.

Damage to municipal vehicle and employee injuries are reported separately.



**Claims reporting covered in GL next**

*Refer to JIF Coverage Documents for complete description of coverage*

# GENERAL LIABILITY CLAIMS

- Trips/slips/falls resulting in injury to member of the public.
- Damage to someone's property.
- Police cases; excessive force, false arrest, wrongful detention.
- Highway accidents not involving an insured vehicle (i.e. pothole claims, motor vehicle accidents due to weather or alleged road conditions).
- Improper signage or view obstructions.





# WHAT DO YOU DO?

If you receive any of the following:

- A letter from an attorney
- A Tort Claims Notice
- A citizen's report
- A Summons and Complaint



**"WAIT, SO...  
WHAT DO  
YOU DO?"**

# WHAT DO YOU DO?

- Gather information at the scene.
- Report the claim to Qual-Lynx at the earliest opportunity.
- The following is needed to start a claim:
  - a description of the loss.
  - the location of the loss.
  - the date of loss.
  - contact person with contact information.
- Timing is very important - delays can cost money and in some cases, a proper defense.
- **Never admit liability.** (Never tell them, “send us an estimate and we’ll take care of it”)
- Simply advise that you will send the claim into our insurance company.



# LIABILITY CLAIMS ROADMAP

When someone is Claiming Damage or Injury Resulting from the Action/Inaction of the Municipality.



## Qual-Lynx Liability Adjusters

### Liability Unit Supervisor:

Susan Mooney

[smooney@qual-lynx.com](mailto:smooney@qual-lynx.com)

609.833.2902

### Fund Solicitor:

David DeWeese

[david@deweese-lawfirm.com](mailto:david@deweese-lawfirm.com)

609.522.5599

## Step 1

Notice of Claim received by the municipality. Complete Liability ACORD form found @ the JIF website.

## Step 2

Forward Notice of Claim and Liability ACORD form by email to Liability Unit Supervisor and Fund Solicitor with a copy to the Claims Coordinator.

## Step 3

Qual-Lynx's assigned adjuster forwards the Tort Claims Act Questionnaire (TCQ) to claimant/attorney with a copy to Claims Coordinator/Fund Solicitor.

## Step 4

Completed TCQ received from claimant/attorney by Qual-Lynx w/copy provided to Claims Coordinator/Fund Solicitor.

## Step 5

If Municipal Clerk is served with Summons & Complaint forward it to the Claims Coordinator. Claims Coordinator shall send it to Liability Unit Supervisor and Fund Solicitor.

## Step 6

Fund Solicitor will copy Claims Coordinator on defense counsel assignment letter. Defense counsel and Qual-Lynx adjuster will be listed as contacts.

The entire Claims team will walk you through every step of the claims process and take actions on your behalf if necessary.

HELP

# EMPLOYMENT PRACTICES LIABILITY

## PUBLIC OFFICIALS LIABILITY

### Employment Practices Liability

Allegations of:

- Sexual Harassment
- Hostile work environment



### Public Officials Liability

Allegations of:

- Wrongful acts
- Zoning Issues
- Land Use



# EPL/POL CLAIMS ROADMAP

## Employment Practices Liability and Public Officials Liability Claims and Potential Claims



### Step 1

Municipality receives notice of potential claim. Report IMMEDIATELY to Liability Unit Supervisor and Fund Solicitor.

### Step 2

Qual-Lynx will notify Municipality that claim has been referred to Insurer and their TPA.

### Step 3

Municipality will receive acknowledgment of claim from Claims Administrator and must acknowledge back to Claims Administrator that it has been received.

### Step 4

Municipality will receive a coverage determination from Claims Administrator which will state that coverage is either denied or there is a Reservation of Rights. Municipality must acknowledge receipt of Coverage Determination Letter.

### Step 5

If coverage is denied and Municipality disagrees with the denial, the Fund Solicitor should be contacted.

### Step 6

If Reservation of Rights is issued, carrier is providing coverage under a Reservation of Rights. Counsel will be assigned if and when a complaint is filed.

### Step 7

Future contact regarding the claim is with Summit Risk Adjuster/Defense Counsel.



### Qual-Lynx Liability Adjusters

#### Liability Unit Supervisor:

Susan Mooney

[smooney@qual-lynx.com](mailto:smooney@qual-lynx.com)

609.833.2902

#### Fund Solicitor:

David DeWeese

[david@deweese-lawfirm.com](mailto:david@deweese-lawfirm.com)

609.522.5599

# LIABILITY CONTACT INFORMATION

Susan Mooney, Liability Supervisor

Qual-Lynx

100 Decadon Drive

Egg Harbor Township, NJ 08234

Direct Dial Office – 609-833-2902

Liability Dedicated Fax – 609-601-3189

[smooney@qual-lynx.com](mailto:smooney@qual-lynx.com)

Robin Sulzer, Assistant Supervisor

609-601-3185

[rsulzer@qual-lynx.com](mailto:rsulzer@qual-lynx.com)

William Kissane, Liability Adjuster

609-833-9266

[wkissane@qual-lynx.com](mailto:wkissane@qual-lynx.com)

Stacey Mauceri, Liability Adjuster

609-277-4318

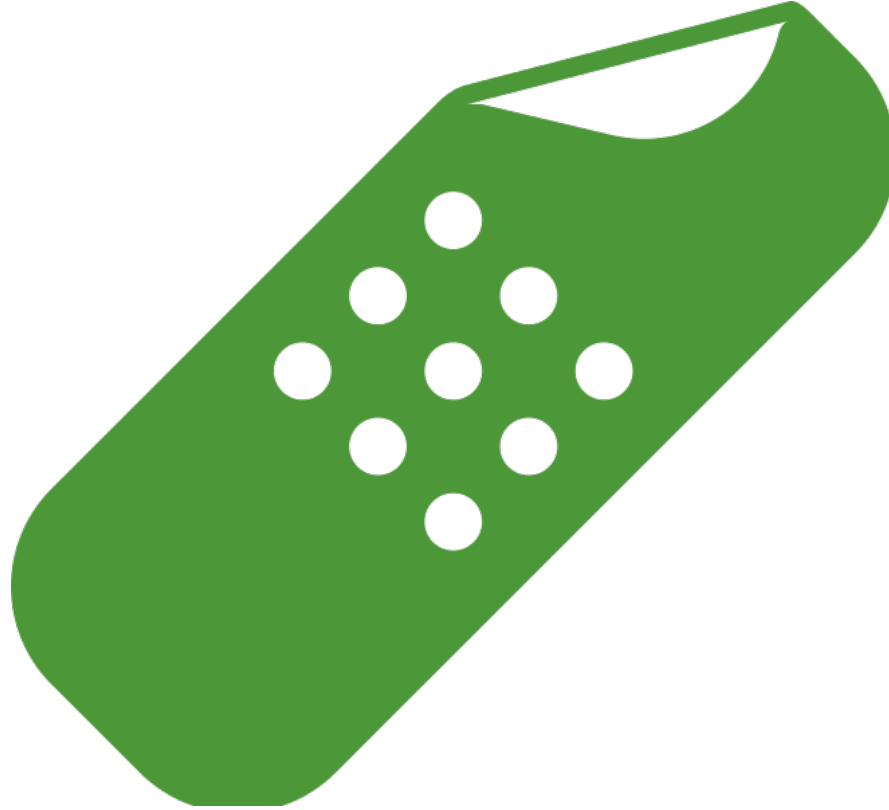
[smauceri@qual-lynx.com](mailto:smauceri@qual-lynx.com)

Christin Petrosh, Liability Adjuster

609-277-5655

[cpetrosh@qual-lynx.com](mailto:cpetrosh@qual-lynx.com)

# WORKERS' COMPENSATION WORK RELATED INJURY/ILLNESS



JIF provides the maximum WC benefits allowed by law!



# HOW DO I REPORT A WORKERS' COMPENSATION CLAIM TO QUAL-LYNX?

- Telephone
  - Workers' Compensation: **888-342-3839**
- Facsimile
  - Workers' Compensation: **609-365-4000**
- If you receive a Claim Petition, immediately send it to Tammy Langsdorf at Qual-Lynx!





# FIRST ACCIDENT REPORT



888-342-3839

## QUALCARE, INC. FIRST ACCIDENT REPORT

Taken by: _____		Report Date to QC: _____		To Employer: _____		Report Time: _____		Caller: _____	
Social Security # (if available): _____				Injured EE Name: (check spelling) Last: _____ First: _____					
Home Address: _____									
DOB: _____		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Person Injury Reported To: _____				Date of Injury: _____		Time: _____			
Employee/Municipality/School Board: _____				Location/Department: _____					
Occupation: _____									
Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer; Work Hours: _____									
Witness (name & number): _____									
Where accident occurred: _____				Did accident occur on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No					
City: _____		State: _____		Zip: _____					
Nature of Injury: (strain, contusion, laceration, etc.) _____									
Injured Body Part: _____				Dominant Hand? <input type="checkbox"/> Right <input type="checkbox"/> Left					
Accident Description: (Cause of Injury) _____									
Has employee received medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If "yes", where? _____									
Where is employee now? _____									
Best way to reach employee: _____									
Home Phone: _____		Cell Phone: _____		Work Phone: _____		ext: _____			
Was Safety Equipment Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No				Were Safety Devices Used? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is employee out of work? <input type="checkbox"/> Yes <input type="checkbox"/> No				Last date employee worked? _____					
Date of Hire: _____									
Salary/Wages: \$ _____		Number of days worked in week? _____		Shift: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights					
Does employee have another employer or attend school? If yes, name of employer or school: _____									
Previous Medical Condition? _____									
Current Medications? _____									
Previous workers' compensation injury? _____				Year and body part: _____					
Primary Care Physician name and phone #: _____									
Advised to call back for pharmacy <input type="checkbox"/> Yes <input type="checkbox"/> No;				Advised to call NCM: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Initial Treatment PROVIDER/FACILITY: NAME/ADDRESS/PHONE: _____									
Initial Treatment Directed by: _____				Case Assigned to: _____					

# DO NOT USE THE EMERGENCY ROOM *UNLESS EMERGENCY TREATMENT IS REQUIRED*

## Examples of Emergencies

**\*If serious or  
catastrophic injury  
call 911\***

- Unconsciousness
- Head Injury
- Profuse bleeding
- Unstable vital signs
- Inability to move an extremity
- Smoke inhalation
- Eye trauma



We recommend the use of Urgent Cares when possible.

[Refer to the JIF Website > Claims tab, for a list of Urgent Care providers.](#)

# SUPERVISOR'S INCIDENT REPORT

- Did the supervisor physically inspect the location of injury?
- Any unsafe or unusual hazards present?
- Did employee alter equipment being used?
- Evidence of horseplay, intoxication, drug use?
- Was employer provided safety equipment in use? If yes, was it being used properly?
- Any suspicions about how the accident/injury occurred?
- Are you satisfied the accident/injury occurred as the employee described?



# REPORT ONLY

- Report all incidents no matter how minor.
- Indicate “Refused Medical Treatment”.
- Tell employee that they **MUST** inform you if they later decide they need to see a doctor.
- Qual-Lynx will maintain a “suspense” file in case a claim for benefits later develops.

# WHEN AN EMPLOYEE IS INJURED

- After calling the Intake Department to report the claim and managed care intake process is complete, a claim number is generated and the claim is put in my Workflow.
- I (or my Assistant Supervisor) review the claim and assign an adjuster.
- Tell the injured employee they will hear from an MCO representative to discuss medical care, or the TPA (an adjuster or supervisor), or both.

Stay in touch with the injured employee via yourself or the supervisor.

# WORKERS' COMPENSATION CLAIMS ROADMAP

When an employee or qualified volunteer reports an injury arising out of and in the course of their employment.



## Step 1 Gather basic information:

See First Accident Report (FAR)\* for guidance.

Date, Place and Time of Occurrence

How Injury Occurred

Type of Injury

Witness Info: Name and Phone

EE Info: Name, DOB, SS#, Address, Phone



## Step 2

Report the Claim to the Intake Department:  
Phone: 1-888-342-3839  
Facsimile: 1-609-365-4000

## Step 3

If medical treatment is requested, ensure first aid has been administered and/or direct injured EE to an authorized physician.

## Step 4

Complete and transmit Supervisor Incident Report per instructions. Send 26 Week Wage Statement to: [dbott@qual-lynx.com](mailto:dbott@qual-lynx.com) or fax 609-601-3196.

## Step 5

State of New Jersey First Report of Injury or Illness (FROI) is generated and a copy is sent to the Claims Coordinator.

The entire Qual-Lynx Workers' Comp Team is available to assist you as needed with your Workers' Compensation claims.  
\*Refer to [www.acmjif.org](http://www.acmjif.org) for forms and instructions.

### Workers' Compensation

Tammy Langsdorf, Claims Supervisor  
[tlangsdorf@qual-lynx.com](mailto:tlangsdorf@qual-lynx.com)  
609.833.2921

Mary Jane Tomasello, Assistant Supv.  
[mtomasello@qual-lynx.com](mailto:mtomasello@qual-lynx.com)  
609.833.9217



REPORT AN INCIDENT

LIFTING

LACERATION

SLIP & FALL

DOG BITE

M.V. ACCIDENT

ASSAULT

BBPE

LINKING YOU TO QUALITY CLAIM SERVICES



# EMPLOYER CONTACT

- Verify injured employee's job description.
- Confirm date of hire.
- Confirm work schedule/number of hours worked per week.
- Did the injured employee lose any time from work? If yes, what was the first day out of work?
- Has the injured employee returned to work?
- Does the municipality have transitional duty available?
- Confirm the dates of disability and wages.
- Obtain 26 week wage statement (date of injury back 26 weeks).
- Has the injured worker had any prior work injuries?
- Keep employer/insured updated on medical status.



# ROLE OF THE WC CLAIMS ADJUSTER

- Once the claim is assigned, the adjuster must:
  - Contact the injured employee (for Lost Time cases only), employer, and nurse case manager or medical provider within 48 hours
  - Secure factual information to determine “compensability”
  - Review file for possible subrogation
  - Monitor medical treatment with assistance from a MCO representative to pursue a timely return to work, address causal relationship issues, and final discharge or MMI
  - Explore the possibility of transitional duty with the municipality
  - If employee is out of work, adjuster will verify the employee’s wages and obtain a 26 week wage statement. Once wages are verified, the adjuster will process wage replacement (TTD) checks, payable as directed by the employer
  - Adjuster will secure an increase in payment authority (if more than \$10K is needed) from the JIF Executive Committee to pay all benefits, expenses, and legal associated with the claim
  - Monitor litigation if a claim petition is filed



# ROLE OF THE CLINICAL SUPPORT STAFF

- Clinical Support Staff provide support to the Nursing Team and Medical Only Adjusters by performing necessary clerical duties.
  - Schedules medical appointments.
  - Schedules initial physical therapy evaluation.
  - Schedules diagnostic studies.
  - Obtains and distributes medical notes and diagnostic reports.
  - Enters pre-authorizations for when treatment is authorized by the NCM or Medical Only Adjuster.
  - Faxes pre-cert and Duty Determination Instruction (DDI) form to providers.

# QUAL-LYNX WC CONTACT

100 Decadon Drive, Egg Harbor Township, NJ 08234

Tammy Langsdorf, Supervisor

[tlangsdorf@qual-lynx.com](mailto:tlangsdorf@qual-lynx.com)

609-833-2921

Mary Jane Tomasello, Assistant Supervisor

[mtomasello@qual-lynx.com](mailto:mtomasello@qual-lynx.com)

609-833-9217

# QUAL-LYNX MCO CONTACT

100 Decadon Drive, Egg Harbor Township, NJ 08234

Karen Beatty, Client Services Manager

[kbeatty@qual-lynx.com](mailto:kbeatty@qual-lynx.com) 609-365-4999

Stephanie Dionisio, NCM Team Supervisor

[sdionisio@qual-lynx.com](mailto:sdionisio@qual-lynx.com)

609-833-9404

# QUESTIONS?

