



Kentucky Assigned Claims Plan System Overview & User Guide

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CONTACT INFORMATION

KENTUCKY ASSIGNED CLAIM PLAN
PHONE: (502) 327-7105
EMAIL: KYAUTO@KAIP.ORG

SYSTEM OVERVIEW

The Kentucky Assigned Claims Plan operates using the online system <https://kacp.onaipso.com/> as a tool where injured parties can apply for benefits and servicing carriers can provide information to the Plan. This system overview will provide details about the new system and how you will interact with the Plan moving forward.

Our home page includes areas for KACP staff to (1) log in, applicants and their representatives (medical providers, attorneys) to (2) apply for benefits and servicing carriers to (3) submit pertinent information.

Login for Internal Users

User ID: (1)

Password:

☒ Remember my User ID

[Forgot password?](#)

Apply for Benefits (2)

Contact Us

Kentucky Assigned Claims Plan

Purpose

A person entitled to Basic Reparations Benefits because of injury may obtain them through the Kentucky Assigned Claims Plan subject to the provisions of KRS 304.39-160.

The **Kentucky no-fault application** must be completed and submitted online. Click the Start Application link under the Apply for Benefits menu on the left side of this screen to begin the process. Claims are assigned to a Servicing Carrier who will assign a claim number, notify the applicant, provide contact information and proceed with their investigation of the claim. All further questions regarding the claim should be directed to the Servicing Carrier.

Servicing Carrier Updates

Select... (3)

Upload Documents

FAQ

When applications are submitted via <https://kacp.onaipso.com/>, KACP staff will review and, if appropriate, assign to a servicing carrier. The assignment will come via an email from systems@kaip.org. Please add this email address to your contact list so communications from the Plan can be received. Below is an example of the assignment email that servicing carriers will receive.

KACP: A new claim application for control 202101002 has been assigned to [redacted]

Reply **Reply All** **Forward** **...**

Wed 1/27/2021 3:28 PM

KY21010002_Application_2021_01_27_09_21_10_201_AM.pdf 14 KB

202101002_CarrierAssignment_2021_01_27_03_26_50_241_PM.pdf 32 KB

***** CAUTION:** This email originated from outside of the KYINS Plans. ***

Please acknowledge receipt within 10 days by submitting your claim number to the Kentucky Assigned Claims Plan. Please click this [link](#) to submit your claim number. Please select Report Claim Number under Servicing Carrier Updates and click on Proceed.

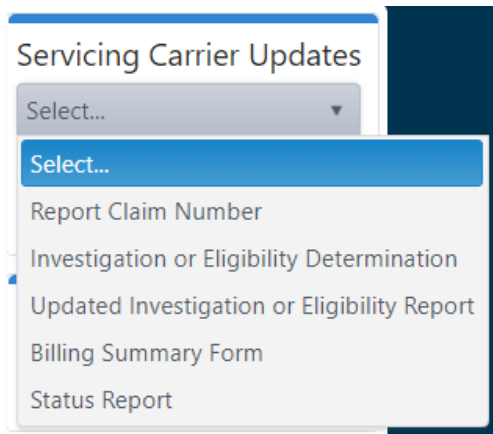
This is an automated email. Replies to this email account are not monitored.

NOTICE: This email and any attached files are PRIVATE AND CONFIDENTIAL and are solely for the use of recipients who are the addressee(s). If you are not entitled to this information, or are not the intended recipient, do not read, copy or use it, do not disclose it to others and do not take any action in reliance on this information. If you received this transmission in error, please immediately notify the sender.

The assignment email will include all documents submitted by the applicant, including the signed application. Claimants may be assigned at different times, based on when the application is received. Upon receipt of a new claim assignment, the servicing carriers will need to share information with the

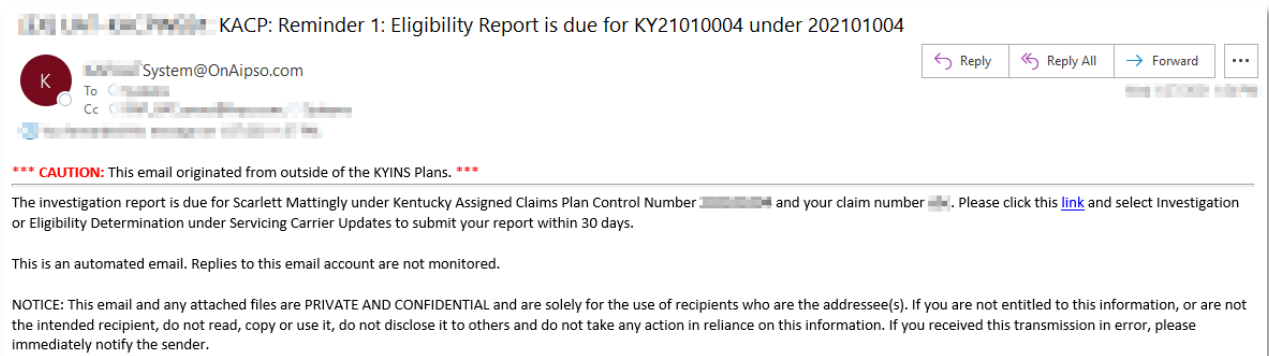
Plan in accordance with our [Rules and Regulations](#). For ease of use, the assignment email will include a link to access <https://kacp.onaipso.com/>. Once on the website, no log in is required; instead, validation fields will allow you to submit information to the Plan.

As is our current workflow, the first step for servicing carriers is to submit a claim number. Clicking the link in the assignment email will take you to the site where you can click on “Servicing Carrier Updates” and report the claim number. Please see page 4 below on detailed instructions when you are ready to report a claim number.



Generally speaking, the next step for servicing carriers will be to provide us eligibility information. This can be done via our website, “Servicing Carrier Updates”, selecting the corresponding form. Please note that this menu, accessible from the right side of the home page, is available for servicing carriers to provide information to us, without logging in. Validation fields will allow servicing carriers the ability to report claim numbers, investigation or eligibility reports, billing summary forms and status reports. Please see the pages following this overview for specifics on how to submit each of these forms, individually.

Servicing carriers will receive reminder emails from the Plan (sytems@kaip.org) when items are due. Emails will be sent to the contact for the servicing carrier until a claim number is reported and adjuster assigned, after which, all emails will go to the adjuster. Please see this example of a reminder email.



Applications for benefits after March 1, 2021 will be submitted and assigned via the new system. (Applications submitted on claims established in the previous system will stay in that system.) Updates and documents outside of the new system must be submitted via email to kyauto@kaip.org.

Any questions about the workflow, website or assignments can be sent to kyauto@kaip.org, or you may call the Plan at (502) 327-7105.

SUBMITTING A CLAIM NUMBER

- Go to Servicing Carrier Updates on the KACP website.
- Select 'Report Claim Number' from the drop-down menu and click proceed.

The image displays two screenshots of the Kentucky Assigned Claims Plan (KACP) website interface, illustrating the steps to report a claim number.

Top Screenshot: The page is titled "Kentucky Assigned Claims Plan". On the left, there is a "Login for Internal Users" section with fields for "User ID:" and "Password:", a "Remember my User ID" checkbox, and a "Log In" button. Below this is an "Apply for Benefits" section with a "Start Application" button, and a "Contact Us" section with a "Contact Us" button. The main content area has a "Purpose" section stating: "A person entitled to Basic Reparations Benefits because of injury may obtain them through the Kentucky Assigned Claims Plan subject to the provisions of KRS 304.39-160." It also mentions that the "Kentucky No-fault application" must be completed online. On the right, the "Servicing Carrier Updates" section shows a dropdown menu with "Report Claim Number" selected and highlighted by a red box. Other options in the dropdown include "Investigation or Eligibility Determination", "Updated Investigation or Eligibility Report", "Billing Summary Form", and "Status Report". Below the dropdown is an "FAQ" button.

Bottom Screenshot: This screenshot shows the same page after the "Report Claim Number" option has been selected. The dropdown menu now displays "Report Claim Number" as the selected item. A red box highlights the "Proceed" button located directly below the dropdown menu. The "Upload Documents" section, which includes a "Proceed" button, is now visible below the "Servicing Carrier Updates" section. The "FAQ" button remains at the bottom of the right-hand column.

- Enter the control number and application number, click proceed.

- Enter the claim number, select the adjuster from the drop-down, hit submit, and click ok to proceed or cancel.

- Once you click ok, you will receive a confirmation indicating claim number submitted successfully. You may download this form for your records and hit exit to return to the main page.

SUBMITTING AN INVESTIGATION OR ELIGIBILITY REPORT

- Go to Servicing Carrier Updates on the KACP website.
- Select 'Investigation or Eligibility Determination' from the drop-down menu and click proceed.

The image displays two screenshots of the Kentucky Assigned Claims Plan (KACP) website interface. Both screenshots show the same main content area with the title "Kentucky Assigned Claims Plan" and a "Purpose" section explaining that a person entitled to Basic Reparations Benefits due to injury can obtain them through this plan under KRS 304.39-160. It also states that the Kentucky No-fault application must be completed online and that claims are assigned to a Servicing Carrier who will assign a claim number and notify the applicant to provide contact information and proceed with their investigation.

The left sidebar in both screenshots contains three sections: "Login for Internal Users" with fields for User ID and Password, a "Remember my User ID" checkbox, and a "Log In" button; "Apply for Benefits" with a "Start Application" button; and "Contact Us" with a "Contact Us" button. A "Forgot password?" link is also present below the login section.

The right sidebar shows the "Servicing Carrier Updates" section. In the first screenshot, a dropdown menu is open, showing options: "Select...", "Report Claim Number", "Investigation or Eligibility Determination" (highlighted with a red box), "Updated Investigation or Eligibility Report", "Billing Summary Form", and "Status Report". Below this is an "FAQ" button.

In the second screenshot, the dropdown menu is closed, and the "Investigation or Eligibility..." option is selected in the dropdown arrow. Below the dropdown, a "Proceed" button is highlighted with a red box. Below the "Proceed" button is an "Upload Documents" section with a "Proceed" button, and at the bottom is an "FAQ" button.

- Enter the carrier claim number, control number, and application number. Click proceed.

Servicing Carrier Updates - Pre Validation

Carrier Claim #

Control #

Application #

Proceed

Cancel

i

- Select the adjuster from the drop-down menus. Select yes, no, or unknown from the drop-down fields highlighted in [Section 3](#) Eligibility Determination, click submit.

Investigation or Eligibility Determination

Assigned Control Number

Company Claim Number

Company Name

Submitted By

Select...

Date

Claimant Name

1- Claimant Details

DOB

SSN (Last 4 Digits)

Address

Nature & Extent of Injury

Medical Treatment

Employment and Wages

Dependents

2- Accident Details

Accident Date

Accident Location

Host Vehicle Owner

Host Vehicle Driver

Other Vehicle's Insurance

Accident Description

Police Version (if applicable)

Witness Version (if applicable)

3- Eligibility Determination

Is Claimant Eligible?

Select...

Other Sources Available

KY Insurance on Host Vehicle?

Select...

Out-of-State Insurance on Host Vehicle?

Select...

Insurance in Household?

Select...

Private Health Insurance?

Select...

Other Sources Impact on Eligibility

Page 8

- Once you hit submit and click ok, you will receive a confirmation indicating investigation form is successfully submitted. You may download this form for your records and click exit to return to the main page.

Are you sure you want to submit the form?

OK Cancel

DOB SSN (Last 4 Digits)

Address

Nature & Extent of Injury

Medical Treatment

Employment and Wages

Dependents

2- Accident Details

Accident Date Accident Location

Host Vehicle Owner Host Vehicle Driver

Other Vehicle's Insurance

Accident Description

Police Version (if applicable)

Witness Version (if applicable)

3- Eligibility Determination

Is Claimant Eligible?

Other Sources Available

KY Insurance on Host Vehicle? Out-of-State Insurance on Host Vehicle?

Insurance in Household? Private Health Insurance?

Other Sources Impact on Eligibility

Owner of Host Vehicle's Name(s)

Eligibility Comments/Determination

4- Claim Disposition

Amounts Paid Outstanding Reserves

Subrogation Open for the Following

☐ Pursuing Claimant's Insurance

☐ Pursuing Uninsured Driver

☐ Subrogation Attorney Involved

☐ Suit Filed to Protect Subrogation

Subrogation Remarks/Recommendations

What Remains to Be Done to Resolve Claim

Submit Exit

Investigation or Eligibility Determination

Assigned Control Number	<input type="text"/>	Company Claim Number	<input type="text"/>
Company Name	<input type="text"/>	Submitted By	<input type="text"/>
Date	<input type="text"/>		
Claimant Name	<input type="text"/>		

1- Claimant Details

DOB	<input type="text"/>	SSN (Last 4 Digits)	<input type="text"/>
Address	<input type="text"/>		
Nature & Extent of Injury	<input type="text"/>		
Medical Treatment	<input type="text"/>		
Employment and Wages	<input type="text"/>		
Dependents	<input type="text"/>		

2- Accident Details

Accident Date	<input type="text"/>	Accident Location	<input type="text"/>
Host Vehicle Owner	<input type="text"/>	Host Vehicle Driver	<input type="text"/>
Other Vehicle's Insurance	<input type="text"/>		

Accident Description

Police Version (if applicable)

Witness Version (if applicable)

3- Eligibility Determination

Is Claimant Eligible?	<input type="text"/>		
Other Sources Available			
KY Insurance on Host Vehicle?	<input type="text"/>	Out-of-State Insurance on Host Vehicle?	<input type="text"/>
Insurance in Household?	<input type="text"/>	Private Health Insurance?	<input type="text"/>

Other Sources Impact on Eligibility

Owner of Host Vehicle's Name(s)

Eligibility Comments/Determination

4- Claim Disposition

Amounts Paid	<input type="text"/>	Outstanding Reserves	<input type="text"/>
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Subrogation Open for the Following

- ☐ Pursuing Claimant Insurer
- ☐ Pursuing Uninsured Owner
- ☐ Subrogation Attorney Involved
- ☐ Suit Filed to Protect Subrogation

Subrogation Remarks/Recommendations

What Remains to Be Done to Resolve Claim

Investigation form is successfully submitted

SUBMITTING AN UPDATED INVESTIGATION OR ELIGIBILITY REPORT

- Go to Servicing Carrier Updates on the KACP website.
- Select 'Updated Investigation or Eligibility Report' from the drop-down menu and click proceed.

The image displays two screenshots of the Kentucky Assigned Claims Plan (KACP) website interface. The top screenshot shows the 'Servicing Carrier Updates' dropdown menu open, with 'Updated Investigation or Eligibility Report' highlighted. The bottom screenshot shows the 'Proceed' button highlighted under the 'Upload Documents' section.

Kentucky Assigned Claims Plan

Purpose

A person entitled to Basic Reparations Benefits because of injury may obtain them through the Kentucky Assigned Claims Plan subject to the provisions of KRS 304.39-160.

The **Kentucky No-fault application** must be completed and submitted online. Click the Start Application link under the Apply for Benefits menu on the left side of this screen to begin the process. Claims are assigned to a Servicing Carrier who will assign a claim number, notify the applicant, provide contact information and proceed with their investigation of the claim. All further questions regarding the claim should be directed to the Servicing Carrier.

Login for Internal Users

User ID:

Password:

☒ Remember my User ID

[Forgot password?](#)

Apply for Benefits

Contact Us

Servicing Carrier Updates

Updated Investigation or... ▼

Select...

Report Claim Number

Investigation or Eligibility Determination

Updated Investigation or Eligibility Report

Billing Summary Form

Status Report

Upload Documents

- Enter the carrier claim number, control number, and application number. Click proceed.

Servicing Carrier Updates - Pre Validation

Carrier Claim #

Control #

Application #

Proceed

Cancel

i

- Select the adjuster from the drop-down menu. Select yes, no, or unknown from the drop-down fields highlighted in [Section 3 Eligibility Determination](#), click submit.

Updated Investigation or Eligibility Report

Assigned Control Number

Company Claim Number

Company Name

Submitted By

Date

Claimant Name

1- Claimant Details

DOB

SSN (Last 4 Digits)

Address

Nature & Extent of Injury

Medical Treatment

Employment and Wages

Dependents

2- Accident Details

Accident Date

Accident Location

Host Vehicle Owner

Host Vehicle Driver

Other Vehicle's Insurance

Accident Description

Police Version (if applicable)

Witness Version (if applicable)

3- Eligibility Determination

Is Claimant Eligible?

Other Sources Available

KY Insurance on Host Vehicle?

Out-of-State Insurance on Host Vehicle?

Insurance in Household?

Private Health Insurance?

Other Sources Impact on Eligibility

Owner of Host Vehicle's Name(s)

Eligibility Comments/Determination

4- Claim Disposition

Amounts Paid

Outstanding Reserves

Subrogation Open for the Following

Subrogation Remarks/Recommendations

What Remains to Be Done to Resolve Claim

Submit

Exit

- Once you hit submit and click ok, you will receive a confirmation indicating investigation form is successfully submitted. You may download this form for your records and click exit to return to the main page.

The image shows a web-based investigation form with a confirmation dialog box overlaid on top. The dialog box, titled "Are you sure you want to submit the form?", has a red border and contains "OK" and "Cancel" buttons. The form below is divided into four main sections: 1- Claimant Details, 2- Accident Details, 3- Eligibility Determination, and 4- Claim Disposition. Section 1 includes fields for Claimant Name, DOB, Address, Nature & Extent of Injury, Medical Treatment, Employment and Wages, and Dependents. Section 2 includes fields for Accident Date, Accident Location, Host Vehicle Owner, Host Vehicle Driver, Other Vehicle's Insurance, and a large text area for Accident Description. Section 3 includes dropdown menus for Is Claimant Eligible?, KY Insurance on Host Vehicle?, Insurance in Household?, Out-of-State Insurance on Host Vehicle?, and Private Health Insurance?, along with a text area for Other Sources Impact on Eligibility. Section 4 includes fields for Amounts Paid and Outstanding Reserves, a list of subrogation options, a text area for Subrogation Remarks/Recommendations, and a text area for What Remains to Be Done to Resolve Claim. At the bottom left of the form are "Submit" and "Exit" buttons.

Are you sure you want to submit the form?

OK Cancel

Claimant Name

1- Claimant Details

DOB

Address

Nature & Extent of Injury

Medical Treatment

Employment and Wages

Dependents

2- Accident Details

Accident Date

Accident Location

Host Vehicle Owner

Host Vehicle Driver

Other Vehicle's Insurance

Accident Description

Police Version (if applicable)

Witness Version (if applicable)

3- Eligibility Determination

Is Claimant Eligible?

Other Sources Available

KY Insurance on Host Vehicle?

Insurance in Household?

Out-of-State Insurance on Host Vehicle?

Private Health Insurance?

Other Sources Impact on Eligibility

Owner of Host Vehicle's Name(s)

Eligibility Comments/Determination

4- Claim Disposition

Amounts Paid

Outstanding Reserves

Subrogation Open for the Following

Subrogation Remarks/Recommendations

What Remains to Be Done to Resolve Claim

Submit Exit

Updated Investigation or Eligibility Report

Assigned Control Number	<input type="text"/>	Company Claim Number	<input type="text"/>
Company Name	<input type="text"/>	Submitted By	<input type="text"/>
Date	<input type="text"/>		
Claimant Name	<input type="text"/>		

1- Claimant Details

DOB	<input type="text"/>	SSN (Last 4 Digits)	<input type="text"/>
Address	<input type="text"/>		
Nature & Extent of Injury	<input type="text"/>		
Medical Treatment	<input type="text"/>		
Employment and Wages	<input type="text"/>		
Dependents	<input type="text"/>		

2- Accident Details

Accident Date	<input type="text"/>	Accident Location	<input type="text"/>
Host Vehicle Owner	<input type="text"/>	Host Vehicle Driver	<input type="text"/>
Other Vehicle's Insurance	<input type="text"/>		

Accident Description

Police Version (if applicable)

Witness Version (if applicable)

3- Eligibility Determination

Is Claimant Eligible?	<input type="text"/>
Other Sources Available	
KY Insurance on Host Vehicle?	<input type="text"/>
Insurance in Household?	<input type="text"/>
Out-of-State Insurance on Host Vehicle?	<input type="text"/>
Private Health Insurance?	<input type="text"/>

Other Sources Impact on Eligibility

Owner of Host Vehicle's Name(s)

Eligibility Comments/Determination

4- Claims Disposition

Amounts Paid	<input type="text"/>	Outstanding Reserves	<input type="text"/>
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Subrogation Open for the Following

- ☐ Pursuing Claimant Insurer
- ☐ Pursuing Uninsured Owner
- ☐ Subrogation Attorney Involved
- ☐ Suit Filed to Protect Subrogation

Subrogation Remarks/Recommendations

What Remains to Be Done to Resolve Claim

Investigation form is successfully submitted

SUBMITTING A BILLING SUMMARY FORM

- Go to Servicing Carrier Updates on the KACP website.
- Select 'Billing Summary Form' from the drop-down menu and click proceed.

The image displays two screenshots of the Kentucky Assigned Claims Plan (KACP) website interface, illustrating the steps to submit a Billing Summary Form.

Top Screenshot: The page is titled "Kentucky Assigned Claims Plan". On the left, there is a "Login for Internal Users" section with fields for "User ID:" and "Password:", a "Remember my User ID" checkbox, a "Log In" button, and a "[Forgot password?](#)" link. Below this is an "Apply for Benefits" section with a "Start Application" button, and a "Contact Us" section with a "Contact Us" button. The main content area has a "Purpose" section stating: "A person entitled to Basic Reparations Benefits because of injury may obtain them through the Kentucky Assigned Claims Plan subject to the provisions of KRS 304.39-160." It also mentions that the "Kentucky No-fault application" must be completed online. On the right, the "Servicing Carrier Updates" dropdown menu is open, showing options: "Select...", "Report Claim Number", "Investigation or Eligibility Determination", "Updated Investigation or Eligibility Report", "Billing Summary Form" (highlighted with a red box), and "Status Report". Below the dropdown is an "FAQ" button.

Bottom Screenshot: This screenshot shows the same page after selecting "Billing Summary Form". The dropdown menu is now closed, and a "Proceed" button (highlighted with a red box) is visible below the "Billing Summary Form" option in the dropdown. The "Upload Documents" section now has a "Proceed" button. The "FAQ" button remains at the bottom.

- Enter the carrier claim number, control number, and application number. Click proceed.

Servicing Carrier Updates - Pre Validation

Carrier Claim #

Control #

Application #

Proceed Cancel

- Select the adjuster, file status, type of billing, and subrogation status from the drop-down menu. Complete the mandatory highlighted fields. A zero should be entered in the highlighted dollar fields when no dollar amount applies. Hit submit when completed.

Billing Summary Form 88

Servicing Carrier

Assigned Control Number

Date of Accident

Reserve for Outstanding Losses

Number of Claimants

File Status

Company Claim Number

Servicing Carrier

Adjuster

Submission Date

Type of Billing

Subrogation

Is Subrogation Open?

IF SUBROGATION IS OPEN, CHECK ALL OF THE FOLLOWING THAT APPLY:

☐ Pursuing Claimant Insurance.

☐ Pursuing Uninsured Owner.

☐ Subrogation Attorney Involved.

☐ Suit Filed.

☐ Judgment Obtained.

Subrogation Recovery

a. Gross Recovery

b. Recovery Costs

☐ Recovery Cost Retained?

c. Net Recovery (a-b)

d. Fee (15%)-(of a) *

* (15% of c, when attorney involved in recovery) ☐ Fee Retained?

e. Amount of Check to KACP-(c-d) *

* This figure should match the total on the check Servicing Carrier is sending to KACP.

f. Subrogation Expense

g. Amount Due Servicing Carrier

Comments:

Claimant

Claimant

Payments

1. Medical	
2. Wages	
3. Survivors Benefits	
4. Replacement Services	
5. Funeral	
a. Total Paid (1+2+3+4+5)	\$0.00
b. Fee (10%)	
Minimum \$250.00 per claimant:	
c. Allocated Costs	
d. Due Company (a+b+c)	\$0.00
e. Less Subro Receipts	
f. Amount Due Servicing Carrier (d-e)	\$0.00

PLEASE INCLUDE CURRENT REIMBURSEMENT REQUESTS ONLY. DO NOT INCLUDE AMOUNTS FOR WHICH YOUR COMPANY HAS ALREADY BEEN PAID.

*Please note, if you need assistance completing the billing form, you can Click on the (i) at the top of the billing form for additional instruction.

Billing Summary Form 88

Servicing Insurer

Assigned Control Number Company Claim Number

Servicing Carrier Adjuster

kacp-uat.onaipso.com says

Are you sure you want to submit the billings?

OK Cancel

Servicing Carrier

Assigned Control number: 202211008
 Date of Accident: 11/12/2022
 Reserve for Outstanding Losses:
 Number of Claimants:
 File Status: Open

Company Claim Number:
 Servicing Carrier:
 Adjuster:
 Submission Date: 2/13/2023
 Type of Billing: Payment

Subrogation

Is Subrogation Open? Yes

IF SUBROGATION IS OPEN, CHECK ALL OF THE FOLLOWING THAT APPLY:

☐ Pursuing Claimant Insurer.
☐ Pursuing Uninsured Owner.
☐ Subrogation Attorney Involved.
☐ Suit Filed.
☐ Judgment Obtained.

Subrogation Recovery

a. Gross Recovery:
 b. Recovery Costs:
☐ Recovery Cost Retained?
 c. Net Recovery (a-b):
 d. Fee (15%): (of a) *:
 * (15% of c, when attorney involved in recovery) ☐ Fee Retained?
 e. Amount of Check to KACP: (c-d) *:
 * This figure should match the total on the check Servicing Carrier is sending to KACP.
 f. Subrogation Expense:
 g. Amount Due Servicing Carrier:

Claimant

Claimant:

Payments

1. Medical	\$3,000.00
2. Wages	\$0.00
3. Survivors Benefits	\$0.00
4. Replacement Services	\$0.00
5. Funeral	\$0.00
a. Total Paid (1+2+3+4+5)	\$3,000.00
b. Fee (10%)	\$250.00
Minimum \$250.00 per claimant:	
c. Allocated Costs	\$0.00
d. Due Company (a+b+c)	\$3,250.00
e. Less Subro Receipts	\$0.00
f. Amount Due Servicing Carrier (d-e)	\$3,250.00

Comments:

PLEASE INCLUDE CURRENT REIMBURSEMENT REQUESTS ONLY. DO NOT INCLUDE AMOUNTS FOR WHICH YOUR COMPANY HAS ALREADY BEEN PAID.

Submit Exit

- Once you hit submit and click ok, you will receive a confirmation indicating that the billing form was submitted successfully. If you have indicated in your billing that a draft is being sent to us for subrogation recovery, a statement will alert you to send the draft with a copy of your billing. You may download this form and upload your billing supports. Please make sure to check the appropriate boxes when retaining the subrogation recovery costs and the subrogation fee.

Subrogation Recovery

a. Gross Recovery

b. Recovery Costs

☐ Recovery Cost Retained?

c. Net Recovery (a-b)

d. Fee (15%): (of a) *

* (15% of c. when attorney involved in recovery) ☐ Fee Retained?

e. Amount of Check to KACP: (c-d) *

Billing Summary Form

Servicing Carrier

Assigned Control Number

202211008

Date of Accident

11/12/2022

Reserve for Outstanding Losses

Number of Claimants

File Status

Open

Company Claim Number

Servicing Carrier

Adjuster

Submission Date

2/13/2023

Type of Billing

Payment

Subrogation

Is Subrogation Open?

Yes

IF SUBROGATION IS OPEN, CHECK ALL OF THE FOLLOWING THAT APPLY:

- ☐ Pursuing Claimant Insurer.
- ☐ Pursuing Uninsured Owner.
- ☐ Subrogation Attorney Involved.
- ☐ Suit Filed.
- ☐ Judgment Obtained.

Subrogation Recovery

a. Gross Recovery

b. Recovery Costs

☐ Recovery Cost Retained?

c. Net Recovery (a-b)

d. Fee (15%): (of a) *

* (15% of c. when attorney involved in recovery) ☐ Fee Retained?

e. Amount of Check to KACP: (c-d) *

* This figure should match the total on the check Servicing Carrier is sending to KACP.

f. Subrogation Expense

g. Amount Due Servicing Carrier

Comments:

Claimant

Claimant

Payments

1. Medical

\$3,000.00

2. Wages

\$0.00

3. Survivors Benefits

\$0.00

4. Replacement Services

\$0.00

5. Funeral

\$0.00

a. Total Paid (1+2+3+4+5)

\$3,000.00

b. Fee (10%)

\$250.00

Minimum \$250.00 per claimant:

c. Allocated Costs

\$0.00

d. Due Company (a+b+c)

\$3,250.00

e. Less Subro Receipts

\$0.00

f. Amount Due Servicing Carrier (d-e)

\$3,250.00

PLEASE INCLUDE CURRENT REIMBURSEMENT REQUESTS ONLY. DO NOT INCLUDE AMOUNTS FOR WHICH YOUR COMPANY HAS ALREADY BEEN PAID.

- Subrogation is selected as open. If you have a draft to submit, please download this form using download button option and mail the downloaded document with the corresponding draft in the same envelope.

Billings submitted successfully.

Download

Exit

Documents

Upload

Billing Summary Form

Servicing Carrier

Assigned Control Number	<input type="text" value="202211008"/>	Company Claim Number	<input type="text" value="8888"/>
Date of Accident	<input type="text" value="11/12/2022"/>	Servicing Carrier	<input type="text" value=""/>
Reserve for Outstanding Losses	<input type="text" value=""/>	Adjuster	<input type="text" value=""/>
Number of Claimants	<input type="text" value=""/>	Submission Date	<input type="text" value="2/13/2023"/>
File Status	<input type="text" value="Open"/>	Type of Billing	<input type="text" value="Payment"/>

Subrogation

Is Subrogation Open?

IF SUBROGATION IS OPEN, CHECK ALL OF THE FOLLOWING THAT APPLY:

- ☐ Pursuing Claimant Insurer.
☐ Pursuing Uninsured Owner.
☐ Subrogation Attorney Involved.
☐ Suit Filed.
☐ Judgment Obtained.

Subrogation Recovery

a. Gross Recovery	<input type="text" value=""/>
b. Recovery Costs	<input type="text" value=""/>
<input type="checkbox"/> Recovery Cost Retained?	
c. Net Recovery (a-b)	<input type="text" value=""/>
d. Fee (15%): (of a) *	<input type="text" value=""/>
* (15% of c. when attorney involved in recovery) <input type="checkbox"/> Fee Retained?	
e. Amount of Check to KACP:(c-d) *	<input type="text" value=""/>
* This figure should match the total on the check Servicing Carrier is sending to KACP.	
f. Subrogation Expense	<input type="text" value=""/>
g. Amount Due Servicing Carrier	<input type="text" value=""/>

Comments:

Claimant

Claimant:

Payments

1. Medical	<input type="text" value="\$3,000.00"/>
2. Wages	<input type="text" value="\$0.00"/>
3. Survivors Benefits	<input type="text" value="\$0.00"/>
4. Replacement Services	<input type="text" value="\$0.00"/>
5. Funeral	<input type="text" value="\$0.00"/>
a. Total Paid (1+2+3+4+5)	<input type="text" value="\$3,000.00"/>
b. Fee (10%)	<input type="text" value="\$250.00"/>
Minimum \$250.00 per claimant:	
c. Allocated Costs	<input type="text" value="\$0.00"/>
d. Due Company (a+b+c)	<input type="text" value="\$3,250.00"/>
e. Less Subro Receipts	<input type="text" value="\$0.00"/>
f. Amount Due Servicing Carrier (d-e)	<input type="text" value="\$3,250.00"/>

PLEASE INCLUDE CURRENT REIMBURSEMENT REQUESTS ONLY. DO NOT INCLUDE AMOUNTS FOR WHICH YOUR COMPANY HAS ALREADY BEEN PAID.

* Subrogation is selected as open. If you have a draft to submit, please download this form using download button option and mail the downloaded document with the corresponding draft in the same envelope.

Billing submitted successfully.

Documents

- Click the upload button.

PLEASE INCLUDE CURRENT REIMBURSEMENT REQUESTS ONLY. DO NOT INCLUDE AMOUNTS FOR WHICH YOUR COMPANY HAS ALREADY BEEN PAID

The person signatory hereto certifies on behalf of this company that all entries hereon are complete and accurate in accordance with the company's records. Typing your name into the box below is sufficient for electronic usage.

Billings submitted successfully.

Download Exit

Documents

Upload

Document Description	Type	Create Date	Control Number
<div> <div>10 items per page</div> <div>No items to display</div> </div>			

- Select the type of document(s) you are uploading.

Reserve for Outstanding Losses Claimant 1: \$0.00

Upload

Department Group: Billing

Department: Billing

Type: Select...

Select files...

Tag Value

Control #

Upload Close

Download Exit



- Select files and then click on upload.

The screenshot shows a software window titled "Upload". In the top right corner, there is an "Upload" button (with a folder icon) and a "Close" button, both highlighted with red boxes. The main content area includes three dropdown menus: "Department Group" (set to "Billing"), "Department" (set to "Billing"), and "Type" (set to "PIP Ledger"). Below these is a "Select files..." button, also highlighted with a red box. Underneath the button is a table with two columns: "Name" and "Description". The table contains one entry: "Test doc.docx" in the "Name" column and "Test doc.docx" in the "Description" column. The "Description" cell is highlighted in yellow. At the bottom of the window, there are "Download" and "Exit" buttons.

- Once you have finished uploading your documents, you may hit exit to return to the main page.

Billing Summary Form

Servicing Carrier

Assigned Control Number	<input type="text" value="202211008"/>	Company Claim Number	<input type="text" value=""/>
Date of Accident	<input type="text" value="11/12/2022"/> 	Servicing Carrier	<input type="text" value=""/>
Reserve for Outstanding Losses	<input type="text" value=""/>	Adjuster	<input type="text" value=""/>
Number of Claimants	<input type="text" value=""/>	Submission Date	<input type="text" value="2/13/2023"/> 
File Status	<input type="text" value="Open"/>	Type of Billing	<input type="text" value="Payment"/>

Subrogation

Is Subrogation Open?

IF SUBROGATION IS OPEN, CHECK ALL OF THE FOLLOWING THAT APPLY:

☐ Pursuing Claimant Insurer.

☐ Pursuing Uninsured Owner.

☐ Subrogation Attorney Involved.

☐ Suit Filed.

☐ Judgment Obtained.

Subrogation Recovery

a. Gross Recovery

b. Recovery Costs

☐ Recovery Cost Retained?

c. Net Recovery (a-b)

d. Fee (15%): (of a) *

* (15% of c. when attorney involved in recovery) ☐ Fee Retained?

e. Amount of Check to KACP: (c-d) *

* This figure should match the total on the check Servicing Carrier is sending to KACP.

f. Subrogation Expense

g. Amount Due Servicing Carrier

Comments:

Claimant

Claimant

Payments

1. Medical	<input type="text" value="\$3,000.00"/>
2. Wages	<input type="text" value="\$0.00"/>
3. Survivors Benefits	<input type="text" value="\$0.00"/>
4. Replacement Services	<input type="text" value="\$0.00"/>
5. Funeral	<input type="text" value="\$0.00"/>
a. Total Paid (1+2+3+4+5)	<input type="text" value="\$3,000.00"/>
b. Fee (10%)	<input type="text" value="\$250.00"/> 
Minimum \$250.00 per claimant.	
c. Allocated Costs	<input type="text" value="\$0.00"/>
d. Due Company (a-b+c)	<input type="text" value="\$3,250.00"/>
e. Less Subro Receipts	<input type="text" value="\$0.00"/>
f. Amount Due Servicing Carrier (d-e)	<input type="text" value="\$3,250.00"/>

PLEASE INCLUDE CURRENT REIMBURSEMENT REQUESTS ONLY. DO NOT INCLUDE AMOUNTS FOR WHICH YOUR COMPANY HAS ALREADY BEEN PAID.

- Subrogation is selected as open. If you have a draft to submit, please download this form using download button option and mail the downloaded document with the corresponding draft in the same envelope.

Billings submitted successfully.

Documents

SUBMITTING A STATUS REPORT

- Go to Servicing Carrier Updates on the KACP website.
- Select 'Status Report' from the drop-down menu and click proceed.

The screenshot shows the 'Kentucky Assigned Claims Plan' website. On the left, there are sections for 'Login for Internal Users' (with fields for User ID and Password, a 'Remember my User ID' checkbox, and a 'Log In' button), 'Apply for Benefits' (with a 'Start Application' button), and 'Contact Us' (with a 'Contact Us' button). The main content area is titled 'Kentucky Assigned Claims Plan' and includes a 'Purpose' section. The 'Purpose' section states: 'A person entitled to Basic Reparations Benefits because of injury may obtain them through the Kentucky Assigned Claims Plan subject to the provisions of KRS 304.39-160.' It also mentions that the 'Kentucky No-fault application' must be completed and submitted online. On the right, there is a 'Servicing Carrier Updates' section with a dropdown menu. The dropdown menu is open, showing options: 'Select...', 'Report Claim Number', 'Investigation or Eligibility Determination', 'Updated Investigation or Eligibility Report', 'Billing Summary Form', and 'Status Report'. The 'Status Report' option is highlighted with a red box. Below the dropdown menu is an 'FAQ' button.

This screenshot shows the same website as the previous one, but with the 'Status Report' option selected in the 'Servicing Carrier Updates' dropdown menu. The dropdown menu is now closed, and the 'Status Report' button is highlighted with a red box. Below the dropdown menu, there is an 'Upload Documents' section with a 'Proceed' button and an 'FAQ' button.

- Enter the carrier claim number, control number, and application number. Click proceed.

Servicing Carrier Updates - Pre Validation

Carrier Claim #

Control #

Application #

Proceed

Cancel

- The highlighted fields are required. Select an option from the drop-down menus. Once the highlighted fields are completed you may hit submit.

Status Report

Assigned Control Number	<input type="text"/>	Company Claim Number	<input type="text"/>
Company Name	<input type="text"/>	Adjuster	<div>Select... *</div>
Date	<input type="text"/>		
Select Claimant	<div>Select... *</div>		

Please provide the following information as it pertains to the above noted claim:

1- Status of Claim

Select... *

Comments

2- Status of Subrogation

Select... *

If open, please check all of the following that apply:

☐ Pursuing Claimant Insurer

☐ Judgment Obtained

☐ Pursuing Uninsured Owner

Date of Judgment

☐ Subro Attorney Involved

Judgment Amount

☐ Suit Filed to Protect Subrogation

Gross Amount Collected

Comments

3- Has final billing been sent to Kentucky Assigned Claims Plan?

Select... *

4- Has final subrogation recovery been sent to Kentucky Assigned Claims Plan?

Select...

Submit

Exit

- Once you hit submit and click ok, you will receive a confirmation indicating status report submitted successfully. You may download this form for your records and click exit to return to the main page.

The screenshot displays a web application interface for submitting a status report. A modal dialog box is open, asking "Are you sure you want to submit the status form?" with "OK" and "Cancel" buttons. The "OK" button is highlighted with a red rectangle. The background form is titled "Assigned Control" and includes fields for "Company Name", "Date", and "Select Claimant". Below these, a section titled "Please provide the following information as it pertains to the above noted claim" contains two main parts: "1- Status of Claim" and "2- Status of Subrogation". The "1- Status of Claim" section has a dropdown menu set to "Open" and a "Comments" text area. The "2- Status of Subrogation" section has a dropdown menu set to "Open" and a sub-section "If open, please check all of the following that apply:" with checkboxes for "Pursuing Claimant Insurer", "Pursuing Uninsured Owner", "Subro Attorney Involved", and "Suit Filed to Protect Subrogation". To the right of these checkboxes are input fields for "Date of Judgment", "Judgment Amount", and "Gross Amount Collected". Below this is another "Comments" text area. At the bottom of the form, there are two questions: "3- Has final billing been sent to Kentucky Assigned Claims Plan?" with a dropdown set to "No", and "4- Has final subrogation recovery been sent to Kentucky Assigned Claims Plan?" with a "Select..." dropdown. At the very bottom of the form are "Submit" and "Exit" buttons.

Investigation or Eligibility Determination	
Assigned Control Number	Company Claim Number
Company Name	Submitted By
Date	
Select Claimant	
1- Claimant Details	
DOB	SSN (Last 4 Digits)
Address	
Nature & Extent of Injury	
Medical Treatment	
Employment and Wages	
Dependents	
2- Accident Details	
Accident Date	Accident Location
Host Vehicle Owner	Host Vehicle Driver
Other Vehicle's Insurance	
Accident Description	
Police Version (if applicable)	
Witness Version (if applicable)	
3- Eligibility Determination	
Is Claimant Eligible?	Yes
Other Sources Available	
KY Insurance on Host Vehicle?	Out-of-State Insurance on Host Vehicle?
Insurance in Household?	Private Health Insurance?
Other Sources Impact on Eligibility	
Owner of Host Vehicle's Name(s)	
Eligibility Comments/Determination	
4- Claim Disposition	
Amounts Paid	Outstanding Reserves
Subrogation Open for the Following	
<input type="checkbox"/> Pursuing Claimant Insurer <input type="checkbox"/> Pursuing Uninsured Owner <input type="checkbox"/> Subrogation Attorney Involved <input type="checkbox"/> Suit Filed to Protect Subrogation	
Subrogation Remarks/Recommendations	
What Remains to Be Done to Resolve Claim	
Investigation form is successfully submitted	
<input type="button" value="Download"/> <input type="button" value="Exit"/>	

UPLOADING A DOCUMENT

- Go to Upload Documents on the KACP website and click proceed.

Login for Internal Users

User ID:

Password:

☒ Remember my User ID

[Forgot password?](#)

Apply for Benefits

Contact Us

Kentucky Assigned Claims Plan

Purpose

A person entitled to Basic Reparations Benefits because of injury may obtain them through the Kentucky Assigned Claims Plan subject to the provisions of KRS 304.39-160.

The Kentucky No-fault application must be completed and submitted online. Click the Start Application link under the Apply for Benefits menu on the left side of this screen to begin the process. Claims are assigned to a Servicing Carrier who will assign a claim number, notify the applicant, provide contact information and proceed with their investigation of the claim. All further questions regarding the claim should be directed to the Servicing Carrier.

Servicing Carrier Updates

Select...

Upload Documents

- Enter the application number, date of loss, first name, last name, and last 4 digits of social security number then click proceed.

Upload Documents

Application #

Date of Loss

First Name

Last Name

SSN (last 4 digits)

- Click upload.

Upload Documents

Upload

Document Description	Type	Create Date	Application Number
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1 - 1 of 1 items

10 items per page

- The highlighted fields are required. Select an option from the drop-down menus. Once the highlighted fields are completed, click select files.

Upload Documents

Upload

Document Description	Type	Create Date	Application Number
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1 - 1 of 1 items

10 items per page

Upload

Close

Department Group: Claims

Department: Claims

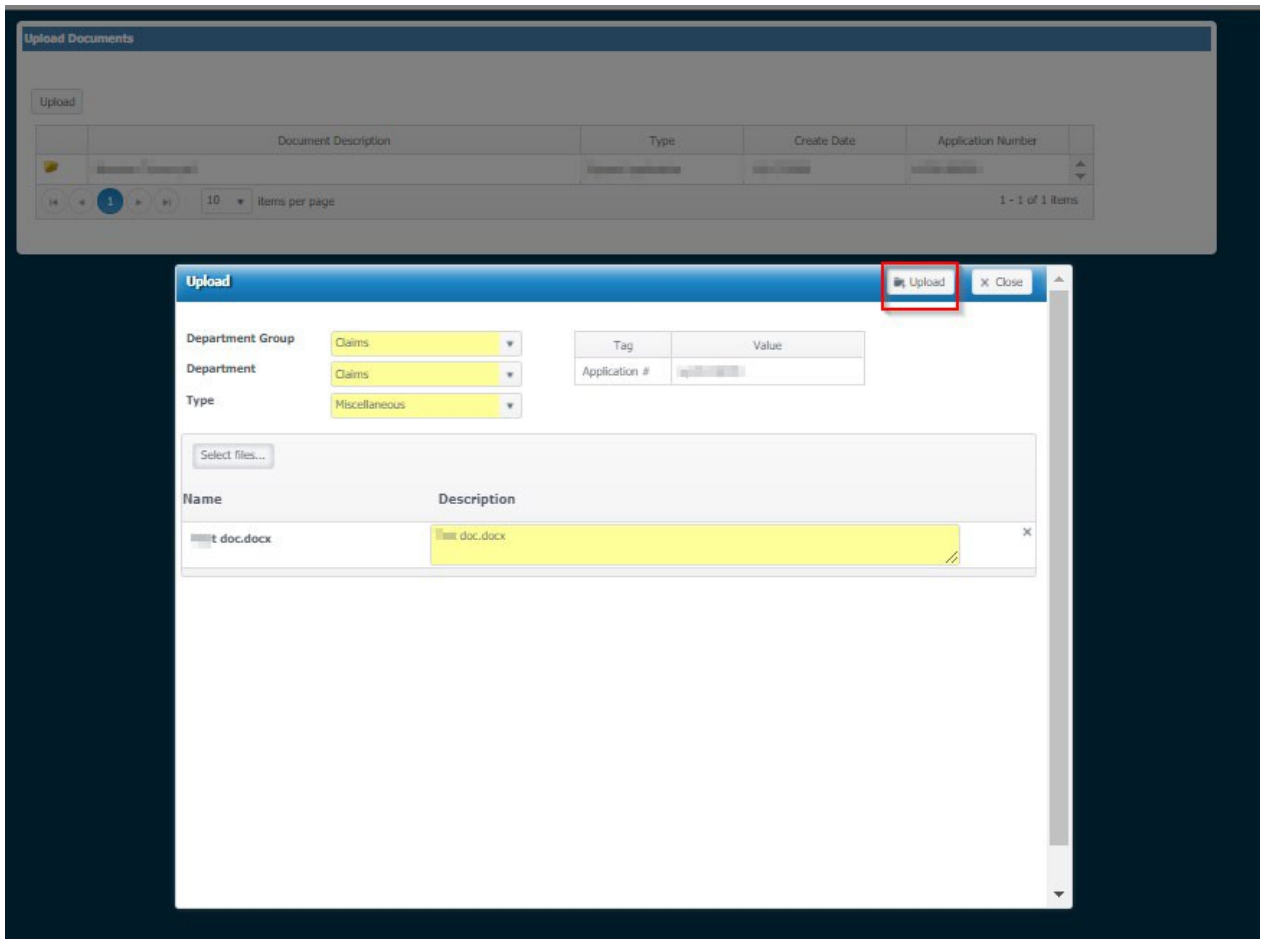
Type: Select...

Select files...

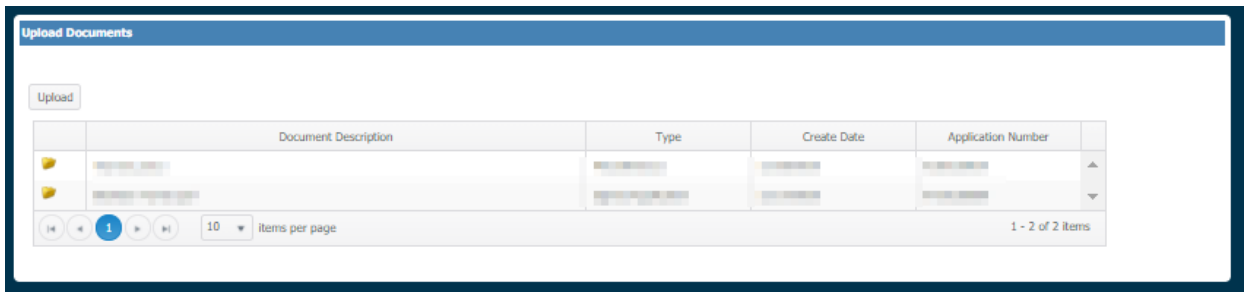
Tag: Application #

Value:

- Click the upload button.



- The documents are now uploaded. If you have more documents to upload simply click the upload button and repeat the process.



- Once all documents are uploaded, you may click return to go to the main page.

