

## 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 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 are sections for 'Apply for Benefits' (with a 'Start Application' button) and 'Contact Us' (with a 'Contact Us' button). The main content area features the title 'Kentucky Assigned Claims Plan' and a 'Purpose' section. The purpose text 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.' Below this, it explains that a 'Kentucky No-fault application' must be completed and submitted online, and that claims are assigned to a Servicing Carrier. On the right, a 'Servicing Carrier Updates' dropdown menu is open, showing options: 'Status Report', '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 is an 'FAQ' button.

This screenshot shows the same website as the previous one, but with the 'Proceed' button highlighted in a red box. The 'Proceed' button is located below the 'Status Report' dropdown menu. The rest of the page content, including the login section, purpose text, and other navigation buttons, remains the same.

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

**Servicing Carrier Updates - Pre Validation**

Carrier Claim #  ⓘ

Control #

Application #

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

The screenshot shows a 'Status Report' form with the following fields and sections:

- Assigned Control Number**: Text input field.
- Company Claim Number**: Text input field.
- Company Name**: Text input field.
- Adjuster**: Drop-down menu with 'Select...' option.
- Date**: Date picker field.
- Select Claimant**: Drop-down menu with 'Select...' option, marked with an asterisk (\*).

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

- 1- Status of Claim**: Drop-down menu with 'Select...' option.
- Comments**: Text area.
- 2- Status of Subrogation**: Drop-down menu with 'Select...' option.
- If open, please check all of the following that apply:**
  - Pursuing Claimant Insurer
  - Judgment Obtained
  - Pursuing Uninsured Owner
  - Date of Judgment**: Date picker field.
  - Subro Attorney Involved
  - Judgment Amount**: Text input field.
  - Suit Filed to Protect Subrogation
  - Gross Amount Collected**: Text input field.
- Comments**: Text area.
- 3- Has final billing been sent to Kentucky Assigned Claims Plan?**: Drop-down menu with 'Select...' option.
- 4- Has final subrogation recovery been sent to Kentucky Assigned Claims Plan?**: Drop-down menu with 'Select...' option.

**Submit** and **Exit** buttons are located at the bottom left.

- 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.

Are you sure you want to submit the status form?

OK

Cancel

Assigned Control #

Company Name  Adjuster

Date

Select Claimant

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

1- Status of Claim

Comments

2- Status of Subrogation

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

<input type="checkbox"/> Pursuing Claimant Insurer	<input type="checkbox"/> Judgment Obtained
<input type="checkbox"/> Pursuing Uninsured Owner	Date of Judgment <input type="text"/>
<input type="checkbox"/> Subro Attorney Involved	Judgment Amount <input type="text"/>
<input type="checkbox"/> Suit Filed to Protect Subrogation	Gross Amount Collected <input type="text"/>

Comments

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

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

## Status Report

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

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

1- Status of Claim

Comments

2- Status of Subrogation

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

<input type="checkbox"/> Pursuing Claimant Insurer	<input type="checkbox"/> Judgment Obtained
<input type="checkbox"/> Pursuing Uninsured Owner	Date of Judgment <input type="text"/>
<input type="checkbox"/> Subro Attorney Involved	Judgment Amount <input type="text"/>
<input type="checkbox"/> Suit Filed to Protect Subrogation	Gross Amount Collected <input type="text"/>

Comments

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

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

Claim status report submitted successfully.