State of California
Department of
Industrial Relations

DUTY STATEMENT

☒ **CURRENT**

☐ **PROPOSED**

CIVIL SERVICE CLASSIFICATION	WORKING TITLE
Workers' Compensation Assistant	Workers' Compensation Assistant

PROGRAM NAME	UNIT NAME
Division of Workers' Compensation	Medical Unit - MPN

ASSIGNED SPECIFIC LOCATION	POSITION NUMBER
Oakland	400 – 604-9491-327

BARGAINING UNIT	WORK WEEK GROUP	BILINGUAL POSITION	CONFLICT OF INTEREST FILER	BACKGROUND CHECK
R01	2	No	No	No

General Statement

Under the supervision of the Supervising Workers' Compensation Compliance Officer, the Workers' Compensation Assistant (WCA) analyzes and reviews medical provider network (MPN) submissions for compliance in accordance to the Labor Code statutes and regulations. The WCA makes recommendations on whether or not to approve MPN plans to treat workers injured on the job. Duties include but are not limited to the following:

Candidates must be able to perform the following essential functions with or without reasonable accommodations.

Percentage of Time Spent	Duties **Essential Job Functions**
45	Assists Workers' Compensation Consultants and performs the less complex MPN material modification filing submissions. Reviews, evaluates and analyzes the MPN submissions received by going through each section of the plan to ensure compliance with laws, rules, regulations, policies and procedures governing the MPN. Verifies and investigates the eligibility of applicants. This includes, but not limited to, verifying the status of the applicant's license through various websites such as CA Department of Insurance, CA Secretary of State and National Association of Insurance Commissioners. Researches and verifies the validity of the applicant's TIN number and obtains the applicant's financial information. Evaluates and researches MPN submission for completeness and determines whether to approve or reject the submission. Prepares written correspondence on the status of the initial review decision. Assists in the random review investigations and performs excel analysis on providers/ancillary spreadsheets.
20	Provides general information and assistance by phone and in writing to injured workers, physicians, providers, insurers, attorneys, employers and other members of the workers' compensation community, regarding MPN policies and regulations. The nature of the inquiries will include, but not be limited to, those requiring research, explanation and/or clarification of the MPN policies, regulations, time frames and status of the MPN application.
15	Performs the second level review of the completed MPN plans and maintains and updates shared drive folders upon closing files. Runs database queries for management reports as requested. Assists with processing Public Records Acts (PRA) requests and subpoenas received for MPN.

15	Enters and maintains data into the MPN database. Provides interim-level review and guidance to clerical staff in verifying the initial review of the MPN applications received. Provides admin and clerical support as necessary and performs routine organization of the MPN file room.

Percentage of Time Spent	Marginal Job Functions
5	Performs other job related duties as assigned to fulfill operational needs of the DIR and the DWC Medical Unit office. These duties include but are not limited to verifying panel requests, scanning documents into the database for electronic data storage, and assisting in DWC conference and training programs.

Conduct, Attendance, and Performance Expectations

The State of California adheres to a number of laws and policies that are designed to promote a safe, comfortable, and professional work environment for all employees. As a state employee, you are responsible for arriving at and leaving work at the times agreed upon by your supervisor, including returning on time after lunch and break periods. You are expected to behave courteously and responsibly at all times. Remember that the image of an organization rests upon the behavior of the employees who represent it. You and your supervisor will participate in the regular employee appraisal process throughout your career. This gives you and your supervisor an opportunity to discuss your job performance and career development.

Supervision Received

The Worker's Compensation Assistant reports directly to and receives the majority of assignments from the Supervising Workers' Compensation Compliance Officer, however, direction and assignments may also come from upper management from the unit.

Supervision Exercised

N/A

Work Environment, Special Requirements/Other Information, Physical Abilities, Additional Requirements/Expectations, and Personal Contacts

Work Environment

The incumbent will work 40 hours per week in an office setting equipped with standard office equipment. Air conditioned, in a high-rise building with elevator access, cubicle with natural and artificial lighting.

Special Requirements/Other Information

N/A

Physical Abilities

The position requires the ability for prolonged sitting and to work at a computer for extended periods

of time and to move and transport office items in a safe manner.

Additional Requirements/Expectations

The incumbent will be required to work independently and as part of a team.

Personal Contacts

The incumbent has frequent contacts with other staff within the Medical Unit. In addition, there is frequent verbal contact with injured workers, attorneys, claims administrators, and other members of the Workers' Compensation community concerning panel requests which require sensitivity and tact.

Employee Acknowledgment

I have read and understand the duties listed above and certify that I possess essential personal qualifications including integrity, initiative, dependability, good judgment, and ability to work cooperatively with others; and a state of health consistent with the ability to perform these assigned duties as described above with or without reasonable accommodation. If you believe a reasonable accommodation is necessary, discuss your concerns with the hiring supervisor. If unsure of a need for a reasonable accommodation, inform the hiring supervisor who will discuss your concerns with the Medical Management Unit in the Human Resources Office.

Employee Name	Employee Signature	Employee Sign Date

Supervisor Acknowledgment

I certify this duty statement represents a current and accurate description of the essential functions of this position. I have discussed the duties of this position with the employee and provided the employee with a copy of this duty statement.

Supervisor Name	Supervisor Signature	Supervisor Sign Date

HUMAN RESOURCES OFFICE APPROVAL

C&S Analyst Initials	Approval Date