State Compensation Insurance Fund
Duty Statement

Position Information

Employee Name:

Position Title:
Senior Claims Adjuster

Program:
Regional and State Contract Claims

Work Unit:
Claims

Classification:
Senior Workers' Compensation Claims Adjuster

Report To:
Manager I, SCIF /[Assistant Claims Manager (ACM)]

Collective Bargaining Identifier (CBID):
R01

Fair Labor Standards Act (FLSA) Status:
Covered, Work Week Group 2

Special Requirements

Conflict of Interest Designation: Not applicable.

Program Information:

Review and administer workers' compensation claims ensuring injured workers receive appropriate benefits and medical treatment. Pay what we owe, defend what we don't, and do so with a great sense of urgency.

Purpose/Scope:

Under the general direction of the Manager I, SCIF, the Senior Workers' Compensation Claims Adjuster will be responsible for adjusting a variety of workers' compensation claims cases including the more complex cases such as, but not limited to:

- Catastrophic cases
- High cost cases
- Attendant/home health care cases
- Politically sensitive policyholders/accounts
- Multiple employers/defendants
- Claimant with multiple claims
- Multiple medical, apportionment, legal, and/or penalty issues
- High Risk Cases (co-morbidities, social issues, unclear diagnosis, substance abuse, exposure claims etc.)
- Cases with vocational experts
- Cases with high risk presumptions

The incumbent will be expected to work independently, proactively manage cases, and efficiently produce optimal outcomes.

Essential and Marginal Functions:

In all aspects of performing the following functions the incumbent will:

- Comply with the Code of Conduct
- Maintain regular and predictable attendance and communication availability during working hours
- Establish and maintain effective working relationships and provide quality customer service in a timely manner.
- Follow State Fund's Equal Employment Opportunity principles
- Maintain a safe work environment
- Defend State Fund against fraudulent activities
- Maintain good customer relationships with internal and external business partners and stakeholders
- Properly maintain assigned equipment

This duty statement outlines the primary responsibilities and expected outcomes of the position. It is not intended to provide an exhaustive list of all job duties. Employees may be required to perform additional tasks as assigned, including work in other functional areas.

Description of Duties

35% Essential

1. **Proactively and independently, manage, finalize and control (Adjust) an inventory that includes disability cases, and litigated claims to protect the interest of the injured, the Employer or State Agency, and State Fund, according to Claims Management/Corporate policies and procedures.**

a. Plan and implement proactive case management strategies and continually identify opportunities for early return to work and appropriate settlement.
   i. Communicate with employer to identify possibilities for transitional work.
   ii. Work with nurse case manager (when appropriate) and primary treating physician in obtaining work capabilities and communicate with injured employees and employers the importance of early return to work.
   iii. Coordinate early return to work once the opportunity has arisen.

b. Pro-actively and continually work toward obtaining Maximum Medical Improvement (MMI) status as soon as medically possible.
   i. Work with nurse case manager and utilize other resources (i.e., Clinical Claims Questions, Medical Provider Network (MPN) Help Desk, Official Disability Guidelines (ODG), Harbor Health, etc.) to achieve MMI status.

c. Continually monitor and review claims for the purpose of identifying opportunities for settlement/closure and develop strategies for settlement/closure on each claim.
   i. Identify early opportunities to settle the claim even if injured employee has not yet reached MMI status.

d. Initiate timely Finalization Work-ups, or Settlement Authority Requests (SAR) to resolve claims within settlement authority and/or with appropriate approval.
   i. Prepare timely finalization work-up upon receipt of information indicating potential for settlement and addressing all pertinent issues.
   ii. Refer all finalization ranges exceeding Authorization level to ACM for approval prior to negotiation of settlement.
   iii. Ensure the claim has the appropriate documentation required for Claims management/Corporate/Executive approval.
   iv. Coordinate proposed settlements with Legal and/or Subrogation, as needed.

e. Respond to settlement demands timely.

f. Initiate timely settlements, closures and timely transfers of claims.

20% Essential

2. **Ensure timely and accurate benefit provision, according to Claims Management/Corporate policies and procedures and DWC laws/regulations.**
    a. Review and analyze all documents received into the claim to ensure timely compliance with all claims regulations.
    b. Monitor and control provision of benefits, send appropriate letters and Department of Workers Compensation (DWC) notices on all claims.
        i. Make appropriate and informed decisions; gather and analyze all necessary information from provider, employer and injured employee.
        ii. Calculate Average Weekly Earnings according to workers' compensation regulations based on information provided by employers and injured employees
        iii. Ensure timely and accurate verification/payment of IDL, TD, PD, SJDB and medical benefits. Calculate and pay any late payment penalties due.
        iv. Monitor and ensure that compensation payments are based on medical verification of disability, accurate earning information, and/or Workers Compensation Appeals Board (WCAB) findings.
    c. Monitor and control provision of reasonable and necessary medical treatment and submissions for Utilization Review.
        i. Coordinate resolution of Utilization Review (UR) disputes as needed.
            1. Ensure all Independent Medical Reviews (IMRs) are processed and paid timely, if appropriate.
        ii. Initiate and approve medical services, within adjuster authority, as needed or requested.
        iii. Authorize timely payment or objection of medical and loss expense bills and/or liens.
            1. Monitor and Control review and approval of Medical payments.
            2. Ensure all payments are reviewed timely.
            3. Ensure all payments are supported by appropriate UR reviews.
            4. Ensure all Independent Bill Review (IBR) reviews are processed and paid timely, if appropriate.
        iv. Prepare lien objection letters, negotiate liens and assist lien unit in the defense of liens, as appropriate.

20% Essential

3. **Establish and maintain timely, current, accurate, adequate and professional case documentation and estimates, according to Claims Management and Corporate policies and procedures.**
    a. Ensure that all decisions and activities are supported by adequate documentation.
    b. Ensure that all regulatory reporting information is updated timely and accurately.
    c. Ensure that Case Plans are updated, accurate and detailed.
    d. Balance and reconcile all cases.
    e. Ensure that claims documents are appropriately identified and indexed to prevent any privacy breeches and minimize duplication.
    f. Ensure that all estimates are documented in the claim file and based on information in file that reflects the adjuster's appraisal of the total reasonably expected cost of a claim.

10% Essential

4. **Provide professional public relations/customer service.**
    a. Participate at meetings with Employers, Brokers or Departments/Agencies as requested.
    b. Communicate professionally with Employers, Brokers or Department representatives and medical community.
    c. Provide timely written case plans to Employers, Brokers or Department representatives.
    d. Participate in WCAB hearings when necessary.

5% Essential

5. **Provide technical guidance and strategies and assisting the ACM within delegated authorities.**
    a. Provide guidance to the Claims Team in the absence of the ACM or other senior level staff.

b. Review Claims Team product, as requested, for professional quality and compliance with Regional Claims Program/Corporate Policies and procedures and DWC laws/regulations.
c. Assist ACM in ensuring that team members comply with current systems, policies, and procedures.

5% Essential

6. Coordinate, provide and participate in Claims Training program and act as a training resource.

a. Coordinate with Office Claims Training Coordinator to develop and provide and/or assist with claims training as requested.
b. Identify training needs and recommend appropriate training for Claims Team and/or Claims department.
c. Attend training as directed.
d. Self-direct and manage own training.

5% Essential

7. Manage and coordinate special projects as assigned by the ACM or Claims management.

a. Manage, coordinate and complete special projects as requested.
b. Participate in Claims and Corporate claims projects. Act as a Subject Matter Expert (SME) at the request of claims management.
c. Identify and recommend to management new procedures and workflows. Implement new technologies, systems and programs as appropriate.
d. Assist in developing procedures and workflow processes to streamline operations.
    i. Assist in training employees on new procedures, workflows, technologies, systems and programs.

100%

Required Knowledge Areas:

- Proficient knowledge of DWC Laws and regulations relating to claims adjusting and claims adjusting support.
- Proficient knowledge of Regional Office and State Fund claims policies and procedures and various State Fund functions that are impacted by claims decisions.
- Working knowledge of State Fund standard software applications.
- Working knowledge of the State Fund organization, Regional Office and Corporate functions, and business policies and procedures.

Required Skills and Abilities:

- Ability to assimilate and analyze issues quickly, interpret and apply laws/regulations and policies and procedures to proactively make and support timely and correct decisions and develop innovative/creative approaches.
- Ability to approach case management strategically by anticipating needs, changes, and decision impacts, and planning accordingly to address issues.
- Ability to work independently and as a team with co-workers and management to address and resolve issues.
- Skill to effectively work with and relate with other people.
- Skill to develop and provide training.
- Skill to coordinate, facilitate, and make presentations.
- Skill to manage multiple projects and tasks.
- Skill to write professional and accurate reports and other communications suitable for distribution to internal and external customers.
- Skill to handle high pressure situations while being firm but tactful.

- Skill to research, analyze, and evaluate information to make and support decisions.

Work Environment:

Physical Requirements:

- Computer data entry, frequent positioning of self to move and transport light objects, and telephone work; mobility to various working areas.
- Incumbent works in the usual office environment.

Travel:

- Travel may be required.
- Travel to various work sites and locations for training and/or meetings.

Emergency call backs:

- Not applicable.

Work Hours:

- Standard core business hours.

Supervisor's Statement: **I have discussed the duties of the position with the employee**

Supervisor Name (Print):	Supervisor Signature:	Date:

Employee's Statement: **I have discussed with my supervisor the duties of the position and have received a copy**

Employee Name (Print):	Employee Signature:	Date: