



Position Information

Employee Name:

Position Title:

Administrative Support Claims Technician

Program:

Regional Policy and State Contract Claims

Work Unit:

Claims

Classification:

Workers' Compensation Insurance Technician

Report To:

Manager I, SCIF

Collective Bargaining Identifier (CBID):

R01

Fair Labor Standards Act (FLSA) Status:

Covered, Work Week Group 2

Special Requirements

Conflict of Interest Designation: Not applicable.

Bilingual Position: Not applicable.

Rotational Assignment: 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 supervision of the Manager I, SCIF (Assistant Claims Manager), the incumbent will:

- Provide support to claims adjusters
- Provide telephone support
- Participate in Claims Training Program and act as a training resource

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

45% Essential

- 1. Provide claims adjusting support according to Regional Office/Corporate policies and procedures.**
 - a. Schedule treatment and/or med/legal appointments timely upon request of the WCCA (send necessary medical records, SDT records, personnel files, etc. as well as make travel and interpreter arrangements).
 - b. Verify mileage requests and process payments to injured employees within regulatory timeframes.
 - c. Assist in obtaining primary treating physicians for injured workers within the Medical Provider Network (MPN) or utilizing outside sources when unable to locate a viable doctor meeting regulatory requirement.
 - d. Manage mail on all closed files
 - i. Review mail and take action as appropriate, within authority level and within scope of responsibility, timely and accurately.
 - ii. Forward mail to the appropriate person for action that is required and not within authority level or scope of responsibility.
 - iii. Reopen and transfer any file which becomes active immediately, informing the appropriate persons and/or if a legal open needs to be completed.
 - e. Triage new claims.

30% Essential

- 2. Review, update, process, and/or submit forms and files according to Regional Office/Corporate policies and procedures.**
 - a. Update missing critical fields in CARE.
 - b. Enter letters accurately and timely upon request of the WCCA.
 - i. Include appropriate documents in letters according to regulatory requirement.
 - c. Take necessary actions on any reports assigned for corporate or location needs (cases for closure, missing data fields, SROI etc.).
 - d. Solicit medical records from copy service vendors as identified on ISO reports or other sources.
 - e. Complete and submit MSA requests to MSA vendor at the request of the assigned adjuster.
 - f. Manage the Nurse Case Manager inbox, ensure all requests are responded to timely or assigned to the appropriate personnel, timely.
 - g. Assist with the handling of special checks and reissuing.
 - h. Contact EDD as needed for information, complete questionnaires, and compile records.
 - i. Contact medical providers to obtain medical reports and work status.
 - j. Process settlement payments at the direction of the claims adjuster and submit to ACM for approval.
 - k. Process benefit payments in accordance with regulatory requirements
 - l. Assist claims adjuster in identifying and processing claims closures.

20% Essential

- 3. Provide telephone support.**
 - a. Answer and return all calls within the office policy timeframes.
 - b. Answer business operations questions and specific claims questions according to office and corporate policy.
 - c. Complete call logs in CARE.

- d. Locate available interpreter as needed.

5% Essential

4. Participate in Claims Training Program and act as a training resource.

- a. Attend training as directed.
- b. Self-direct and manage own training.
- c. Provide and/or assist with claims training as requested.

100%

Required Knowledge Areas:

- Proficient knowledge of DWC Laws and regulations relating to basic 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 evaluate information to make and support decisions.
- Ability to communicate professionally and effectively, verbally and in writing.
- Ability to effectively work with and relate with other people.
- Ability to work as a team with co-workers to address and resolve issues.
- Ability to provide training.
- Ability to provide quality customer service in a timely manner.
- Ability to establish and maintain effective working relationships.

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.

Emergency call backs:

- Not applicable.

Work Hours:

- Work hours may vary.

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:



Position Information

Employee Name:

Position Title:

Lien Technician

Program:

Regional Policy and State Contract Claims

Work Unit:

Claims

Classification:

Workers' Compensation Insurance Technician

Report To:

Manager I, SCIF

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 supervision of the Manager I, SCIF (Assistant Claims Manager), the incumbent will:

- Accurately assess potential value of medical liens
- Assist the Lien Unit by preparing cases for WCAB conference and by paying liens
- Provide timely payment of negotiated or ordered liens
- Participate in Claims Training Program and act as a training resource

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

50% Essential

1. Accurately assess the potential value of medical liens.

- Determine compensability of unresolved, outstanding medical liens filed against claims within the structure of the law using applicable fee schedule regulations and State Fund policies.
- Provide a complete work-up on calendared liens and/or bills, including:
 - A review of the billing, an Official Medical Fee schedule value, disputed issues, evidence and arguments.
 - A recommended settlement within authority level.
 - Documentation of the basis for the recommendation.
- Communicate with the claims office and the Claims Medical Regulatory Division to keep abreast of bill paying policy and fee schedules.
- Identify potential fraud red flags and refer to the Special Investigation Unit (SIU)

25% Essential

2. Assist in preparing Lien unit cases for defense at WCAB hearings.

- Prepare relevant value or payment standards to assist the Lien Representative or Lien Adjuster in preparation for lien conferences and trials in accordance with workers' compensation laws, medical fee schedules and State Fund policies and procedures.
- Review and report on any prior objections to liens/bills.

15% Essential

3. Provide timely payment of negotiated or ordered liens.

- Pay WCAB-ordered medical and/or disability payments accurately and within legal timeframes.
- Pay negotiated liens accurately and timely.
- Ensure all required documentation of the lien settlement and payment has been uploaded into CARE.
- Maintain accurate records of lien unit results and payments Office Log.

10% Essential

4. Participate in Claims Training Program and act as a training resource.

- Attend training as directed.
- Self-direct and manage own training.
- Provide and/or assist with claims training as requested.

100%

Required Knowledge Areas:

- Proficient knowledge of DWC laws/regulations and Regional Office/Corporate policies and procedures 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.
- Working knowledge of various applicable fee schedules, including but not limited to the Official Medical Fee Schedule, Inpatient Hospital Fee Schedule, Hospital Outpatient Department and Ambulatory Surgical Center Fee Schedule, Pharmaceutical Fee Schedule, Durable Medical Equipment, Prosthetics, Orthotics and Supply Fee Schedule, Ambulance Services Fee Schedule, Pathology and Laboratory Services Fee Schedule, and medical reimbursement laws as set forth in the Labor Code, as well as knowledge of geographic peculiarities of medical billing.

Required Skills and Abilities:

- Ability to evaluate information to make and support decisions.
- Ability to communicate professionally and effectively, verbally and in writing.
- Ability to interpret/apply workers' compensation laws/regulations and policies and procedures
- Ability to manage multiple projects and tasks.
- Ability to effectively work with and relate with other people.
- Ability to work as a team with co-workers to address and resolve issues.
- Ability to provide training.
- Skill Provide quality customer service in a timely manner
- Skill Establish and maintain effective working relationships.

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.

Emergency call backs:

- Not applicable.

Work Hours:

- Work hours may vary.

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:



Position Information

Employee Name:

Position Title:

Medical Only Claims Specialist

Program:

Regional Policy and State Contract Claims

Work Unit:

Claims

Classification:

Workers' Compensation Insurance Technician

Report To:

Manager I, SCIF

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 supervision of the Assistant Claims Manager (Manager I, SCIF), the incumbent is responsible for managing Medical Only claims, reviewing and processing medical treatment requests for authorization (RFA), complying with the Independent Medical Review (IMR) process for denied, delayed, or modified requests; Process Medical Only claims according to policies, procedures and DWC laws/regulations by completing required contacts and documentation, reviewing and authorizing treatment and payments, providing accurate benefits, responding to inquiries, and following established procedures to move claims toward closure or transfer; triage claims received from Claims Customer Service Center (CCSC); and participating in Claims Training Program and act as a training resource.

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

45% Essential

- 1. Process Medical Only claims according to policies, procedures and DWC laws/regulations by completing required contacts and documentation, reviewing and authorizing treatment and payments, providing accurate benefits, responding to inquiries, and following established procedures to move claims toward closure or transfer.**
 - a. Complete 3-point contact on newly assigned claims according to 1P Guidelines.
 - b. Identify and send all appropriate letter(s) according to guidelines.
 - c. Authorize medically reasonable and necessary treatment and/or refer to URO.
 - d. Review and approve or object to any payment within the bill payment portal within the regulatory timeframes.
 - e. Take all appropriate actions to ensure claims are progressing towards closure.
 - f. Transfer any claims meeting specific criteria to appropriate adjuster, timely and within corporate guidelines (i.e., lost time, litigation, permanent disability, claim is expected to remain open beyond time frame parameters set by policy).
 - g. Ensure the injured worker has been channeled to the MPN unless a valid exception (and approved by ACM) exists, documenting all attempts and exceptions in CARE.
 - h. Timely and accurately index documents in CARE according to 1P Guidelines.
 - i. Create a case plan and estimate prior to transfer to be reviewed and approved by ACM, if applicable.
 - j. Answer and return all calls within the office policy guidelines.
 - k. Answer business operations questions and specific claims questions according to corporate and office guidelines.
 - l. Document all calls in CARE call log.
 - m. Locate available interpreter as needed.

45% Essential

- 2. Review and process medical treatment requests for authorization (RFA) and comply with the Independent Medical Review (IMR) process for denied, delayed, or modified requests.**
 - a. Index faxed documents in accordance with established State Fund policies and procedures.
 - b. Triage documents in accordance with established State Fund policies and procedures.
 - c. Ensure all UR decision notifications are sent within regulatory timeframes; process various reports for failed letters.
 - d. Input and approve medical RFAs or refer to contracted utilization review medical professionals within the regulatory timeframes.
 - e. Review and submit medical reports within regulatory timeframes on all IMR documents received.
 - f. Participate in WCAB hearings as necessary.
 - g. Coordinate the referral of requests to contracted Utilization Review Organization's (UROs) and comply with the Independent Medical Review (IMR) process.
 - h. Refer to contracted utilization review medical professionals within the regulatory timeframes for RFAs which have been denied, delayed, or modified.
 - i. Timely Refer all medical providers' appeal requests to URO.
 - j. Review bills on claims with changes in liability to ensure appropriate Utilization Review actions are taken.
 - k. Complete bill restart process on bills.

- 5% Essential
- 3. Triage claims received from Claims Customer Service Center (CCSC).**
- Verify claim has been sent to correct location for handling according to corporate caseload assignments.
 - If not, redirect to correct claims location.
 - Verify policy coverage.
 - Determine if claim is Medical Only or Disability.
 - If Medical Only, assign to self or another Medical Only Specialist, as directed by office policy/local management.
 - If Disability, route to appropriate Claim Intake Specialist (if L&H claim, assist with claim set up and assist adjuster with performing 3-point contacts) for handling.
 - Document timeframes to be met for first contacts and 14-day initial decision.

- 5% Essential
- 4. Participate in Claims Training Program and act as a training resource.**
- Attend training as directed.
 - Self-direct and manage own training.
 - Provide and/or assist with claims training as requested.
 - Act as a resource for Claims personnel on MO Claims and UR regulations and processes.

100%

Required Knowledge Areas:

- Proficient knowledge of DWC Laws and regulations relating to basic medical only 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:

- Skill to evaluate information to make and support decisions.
- Skill to communicate professionally and effectively, verbally and in writing.
- Skill to effectively work with and relate with other people.
- Skill to work as a team with co-workers to address and resolve issues.
- Ability to provide training.
- Ability to manage multiple projects and tasks.
- Ability to handle stressful situations while being firm and tactful.
- Ability to work with a high sense of urgency to meet regulatory timeframes.
- Ability to provide quality customer service in a timely manner.
- Ability to establish and maintain effective working relationships.

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.

Emergency call backs:

- Not applicable.

Work Hours:

- Work hours may vary.
- Choose an item.

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:



Position Information

Employee Name:

Position Title:

Utilization Review Technician

Program:

Regional Policy and State Contract Claims

Work Unit:

Claims

Classification:

Workers' Compensation Insurance Technician

Report To:

Manager I, SCIF/ Assistant Claims Manager

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 supervision of the Manager I, SCIF (Assistant Claims Manager), the Workers' Compensation Insurance Technician (Utilization Review Technician) is responsible for:

- Process medical treatment requests for authorization (RFA)
- Coordinate the referral of requests to contracted Utilization Review Organization's (UROs)
- Comply with the Independent Medical Review (IMR) regulations
- Review bills on Claims with changes in liability and identify appropriate actions to be taken
- Participate in Claims Training Program and act as a training resource

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

45% Essential

1. Review and process medical treatment requests for authorization (RFA) and comply with the Independent Medical Review (IMR) process for denied, delayed, or modified requests.

- Index faxed documents in accordance with established State Fund policies and procedures.
- Triage documents in accordance with established State Fund policies and procedures.
- Ensure all UR decision notifications are sent within regulatory timeframes; process various reports for failed letters.
- Input and approve medical RFAs or refer to contracted utilization review medical professionals within the regulatory timeframes.
- Review and submit medical reports within regulatory timeframes on all IMR documents received.
- Participate in WCAB hearings as necessary.

35% Essential

2. Coordinate the referral of requests to contracted Utilization Review Organization's (UROs) and comply with the Independent Medical Review (IMR) process.

- Refer to contracted utilization review medical professionals within the regulatory timeframes for RFAs which have been denied, delayed, or modified.
- Timely Refer all medical providers' appeal requests to URO.
- Act as a point of contact for our UROs; facilitate the timely and accurate processing of RFA's referred to our URO's and conduct appropriate follow-up as needed to ensure compliance is maintained.

10% Essential

3. Review bills on claims with changes in liability to ensure appropriate Utilization Review actions are taken.

- Complete retrospective UR process, approving what is within the adjuster's authority or referring to the URO vendor for review.
- Complete bill restart process on bills.

10% Essential

4. Participate in Claims Training Program and act as a training resource.

- Attend training as directed.
- Self-direct and manage own training.
- Provide and/or assist with claims training as requested.
- Act as a resource for Claims personnel on UR regulations and processes.
- Participate in UR meetings to discuss/review procedure changes.
- Provide feedback to Corporate Claims on UR processes.
- Identify trends and inform UR ACM.

Required Knowledge Areas:

- Working knowledge of State Fund's UR program policies and procedures and UR statutes and regulations.
- Working knowledge of State Fund standard software applications.
- Working knowledge of the State Fund organization, Regional Office and Corporate functions, and business policies and practices.
- Proficient knowledge of DWC laws/regulations and Regional Office/Corporate policies and procedures relating to claims adjusting and claims adjusting support.

Required Skills and Abilities:

- Ability to research, analyze, and evaluate information to make and support decisions.
- Ability to communicate professionally and effectively, verbally and in writing.
- Ability to effectively work with and relate with other people.
- Ability to work independently and as a team with co-workers and management to address and resolve issues.
- Ability to develop, provide, and monitor training.
- Ability to manage multiple projects and tasks.
- Ability to handle high pressure situations while being firm but tactful.

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.

Emergency call backs:

- Not applicable.

Work Hours:

- Work hours may vary.

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: