State Compensation Insurance Fund
Duty Statement

## Position Information

**Employee Name:**

**Position Title:**
Flex Adjuster

**Program:**
Claims Processing Center

**Work Unit:**
Scan/Index

**Classification:**
Workers' Compensation Claims Adjuster

**Report To:**
Manager I, SCIF/ WCIS II

**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:

The Claims Processing Center provides support to our Claims and Legal partners by scanning and indexing documents and processing medical payments timely and accurately. The Medical Reimbursement Analysis Unit supports our workforce and partners with our SmartAdvisor software vendor to ensure medical reimbursement policies efficiently support bill review functionality and the work performed by our business partners.

## Purpose/Scope:

Under the supervision of the Manager I, SCIF (Assistant Claims Manager) or Workers' Compensation Insurance Supervisor II, the Workers' Compensation Claims Adjuster (CPC Flex Adjuster) performs technical workers' compensation claims support activities to ensure compliance with Division of Workers' Compensation statutes, California Code of Regulations, State Fund reimbursement guidelines, and Department of Insurance requirements. The incumbent reviews and adjusts medical bills, provides customer services to claimants and medical providers, supports claim initiation and reporting processes, assists injured workers in accessing treatment through the Medical Provider Network, and safeguards customer information through the appropriate use of State Fund systems, procedures, and privacy protocols.

## 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**

30% Essential

1. **Analyze, review, adjust and communicate the value of the most complex and high cost medical bills (excluding surgery bills) to ensure accurate reimbursements are issued within mandated timeframes based on review/ interpretation of medical reports and expertise with medical reporting/billing code sets.**

    a. Have the greatest financial impact to State Fund.
    b. Apply advanced knowledge of medical reporting/billing code sets to ensure medical services provided correlate to the codes billed by providers (e.g., AMA's CPT (Current Procedural Terminology) codes for medical procedures, WHO's ICD-10 codes for medical diagnoses).
    c. Perform the most complex pricing determinations and reimbursement calculations.
    d. Review and determine reimbursement for:
        i. In-patient medical bills (i.e., does the medical report support full reimbursement of diagnosis or procedure codes billed or exemption from CA state fee schedule due to exceptional treatment cases such as critical care facility, rehabilitation treatment, interim facility treatment or long-term care facility exemptions)
        ii. Out-patient medical bills.
        iii. Ambulatory Surgery Center (ASC) bills.
        iv. Long-term care bills.
        v. Skilled Nursing bills.
        vi. In-patient psych bills.
        vii. Diagnostic and radiology bills (i.e., is the billing of complex diagnostic procedures (e.g., MRI with/without contrast and the number of units supported)).
        viii. Evaluation and Management (E&M) bills (i.e., is the billing of a high level E&M office visit warranted by complex medical condition, significant face-to-face time between physician and patient, highly complex medical decision making, prolonged services, or extended office visits).
        ix. In-patient psych bills.

30% Essential

2. **Main task (Summary) Resolve disputes, appeals, audits, and provider inquiries related to the most complex medical bills to ensure compliance with State Fund bill review procedures and accurate reimbursement determinations.**

    a. Resolve disputed bill codes on the most complex bills using proficient and expert level knowledge of bill codes, medical terminology, physiology and anatomy and communication skills.
    b. Draft the Explanation of Review (EOR) for bills to substantiate medical code determinations and for the independent bill review appeal process.
        i. Comply with State Fund's most technical and complex bill review procedures.
        ii. Address each issue on each bill.
        iii. Include detailed explanation of the analysis and reasoning regarding the payment dispute.

c. For second bill reviews:
    i. Review documentation submitted by provider for second bill review as well as previous payment made to determine whether additional amount is owed or ensure an overpayment letter was completed when an issue is identified, according to the most technical and complex bill review procedures.
    ii. Whether or not additional money is owed on the second bill review, include the analysis and reasoning for determination on the EOR as Freeform Language in addition to the Standard Reasons which will be included on the EOR in compliance with State Fund's most complex and technical bill review procedures.
    iii. Manage and maintain the re-eval pend queue to ensure any additional explanation regarding the bill review/dispute is added to the EOR.
d. For disputes on extremely complex bills that include disagreement over cross walking or the appropriate amount due the provider, document analysis of issues according to State Fund's most complex and technical bill review process.
e. Review bills audited for quality assurance and compliance with the most complex bill review processes to ensure accurate payment to medical providers.
f. Coordinate and communicate with Claims, Customer Service Center, and the Medical Reimbursement Analysis Unit to maintain an understanding of bill paying policy and fee schedules.
g. Analyze and resolve provider billing inquiries.
h. Identify potential fraud issues and refer to the Special Investigation Unit (SIU).

30% Essential

**3. Provide critical support to Claims Customer Service Center and/or State Fund Internal Employees Claims (SFE) Team when needed to meet Service Level Agreement targets**

a. Initiate new claims through information received from policyholder phone calls, faxes and electronic communication channels
b. Address inquiries related to unpaid bills and/or bills where payment is called into question by medical providers
c. Assist injured workers in accessing treatment for their work-related injuries by searching State Fund's Medical Provider Network (MPN)
d. When an unexpectedly high volume of incoming documents requires indexing, assist the Scan/Index operation by performing document delivery functions so that performance standards are met

10% Essential

**4. Serve as a backup to CCSC WCCA team when additional staff is needed and participate in or assist the Manager/ Supervisor with special projects including providing scan/index coverage when necessary**

a. When shortages of CCSC WCCA staff occur due to workload demands, schedule conflicts or absences, provide coverage as appropriate
b. Complete all special assignments and projects on time and in the manner specified by manager or supervisor

**100%**

## Required Knowledge Areas:

- General knowledge of various State Fund functions as they affect [underwriting, marketing, claims].
- Working knowledge of State Fund standard software applications.
- Working knowledge of workers' compensation insurance rules and regulations.
- Working knowledge of Fraud Reporting Hotline policies and procedures.
- Working 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 analyze issues, interpret and apply laws/regulations and policies and procedures to proactively make and support decisions.
- Ability to handle high pressure situations while being firm but tactful.
- Ability to communicate professionally and effectively, verbally and in writing, (including the ability to negotiate credibly and persuasively) with a variety of "stakeholders".
- 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 manage multiple projects and tasks.
- Ability to use good judgment and make sound decisions in high pressure or sensitive situations while being firm yet tactful
- Ability to research, analyze, and evaluate information to make and support decisions.
- Ability to develop, provide, and monitor training.
- Ability to remain objective when making 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.

**Travel:**

- Travel to various work sites and locations for training and/or meetings.
- Travel may occasionally be from overnight to five days in duration.
- Travel may include, but not be limited to, plane, bus, van, taxi, or car.

**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: |
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**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: |
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