



Career Service Authority

Medical Only Claims Adjuster

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GENERAL STATEMENT OF CLASS DUTIES

Performs technical workers compensation work on medical only claims, performs case management of assigned on-going claims to achieve established goals, and determines and establishes reserves for medical expenses.

DISTINGUISHING CHARACTERISTICS

This class performs paraprofessional workers compensation work on medical only claims. This class is distinguished from the Claims Adjuster I class that performs entry level work assisting higher level personnel and training to examine, develop, and adjudicate liability claims against the City and claims for compensation and medical services under Colorado workers' compensation law. Additionally, the Claims Adjuster I primarily investigates and handles short duration, lower severity lost time claims. The Medical Only Claims Adjuster conducts no or very minimal investigation of the claim and focuses on administering medical benefits pursuant to Workers' Compensation law and rules.

The Medical Only Claims Adjuster is distinguished from the Claims Adjuster II class that performs full performance level work involving the examination, development, and adjudication of liability claims against the City and adjudication of claims for compensation and medical services under Colorado workers' compensation law. Additionally, the Medical Only Claims Adjuster class is distinguished from the Administrative Support Assistant IV class that performs specialized and/or technical office support work that requires detailed knowledge of the specialized/technical area.

Guidelines, Difficulty and Decision Making Level:

Guidelines are generally but not always clearly applicable, requiring the employee to exercise judgment in selecting the most pertinent guideline, interpret precedents, adapt standard practices to differing situations, and recommend alternative actions in situations without precedent.

Duties assigned are generally complex and may be of substantial intricacy. Work assignment is performed within an established framework under general instructions but requires simultaneous coordination of assigned functions or projects in various stages of completion.

Employee is responsible for determining time, place, and sequence of actions to be taken. Unusual problems or proposed deviations from guidelines, practices, or precedents may be discussed with the supervisor before being initiated.

Level of Supervision Received and Quality Review:

Under general supervision, the employee receives assignments and is expected to carry them through to completion with substantial independence. Work is reviewed for adherence to instructions, accuracy, completeness, and conformance to standard practice or precedent. Recurring work clearly covered by guidelines may or may not be reviewed.

Interpersonal Communications and Purpose:

Contacts with the public or employees where explanatory or interpretive information is exchanged, defended, and gathered and discretion and judgment are required within the parameters of the job function.

Level of Supervision Exercised:

No supervisory duties.

ESSENTIAL DUTIES

Coordinates the review, evaluation, and processing of workers compensation medical only claims filed against the city by monitoring, gathering relevant data, and calculating the cost of treatment required to bring a claim to closure.

Coordinates worker's compensation subrogation claims by determining if subrogation should be pursued, collects and reviews all necessary documentation, contacts all appropriate parties, sets up case files, and works in conjunction with the City Attorney's Office and/or the District Attorney's Office.

Performs day-to-day case management of claims, initiates contact with injured employees, confers with claimants, doctors, and other parties, obtains and reviews medical records and claim related correspondence, and determines appropriate action for each case.

Calculates medical and treatment costs to bring a claim to closure, establishes initial and on-going reserves for medical costs, and authorizes or denies payments.

Provides information to claimants, doctors, attorneys, and others regarding policies, requirements, and status of claims and interprets and explains rules, regulations, and procedures.

Maintain case notes and files in accordance with established procedures, prepares case reports, provides support and assistance to other worker' compensation staff, and performs other related risk management duties.

Performs other related duties as assigned.

Any one position may not include all of the duties listed. However, the allocation of positions will be determined by the amount of time spent in performing the essential duties listed above.

MINIMUM QUALIFICATIONS

Competencies, Knowledges & Skills:

Interpretation – Skill in independently adapting, interpreting, and applying written guidelines, precedents, and standardized work practices to a variety of unprecedented or problematic situations.

Integrity/Honesty – Contributes to maintaining the integrity of the organization, displays high standards of ethical conduct, understands the impact of violating these standards on an organization, self, and others, and is trustworthy.

Arithmetic/Mathematical Reasoning – Performs computations such as addition, subtraction, multiplication, and division correctly, solving practical problems by choosing appropriately from a variety of mathematical techniques such as formulas and percentages.

Listening – Receives, attends to, interprets, and responds to verbal messages and other cues such as body language in ways that are appropriate to listeners and situations.

Reading – Understands and interprets written material including technical material, rules, regulations, instructions, reports, charts, graphs, or tables and applies what is learned from written material to specific situations.

Writing – Uses correct English grammar, punctuation, and spelling to communicate thoughts, ideas information, and messages in writing.

Conscientiousness – Displays a high level of effort and commitment towards performing work and demonstrates responsible behavior.

Interpersonal Skills – Shows understanding, courtesy, tact, empathy, and concern, develops and maintains relationships, may deal with people who are difficult, hostile, and/or distressed, relates well to people from varied backgrounds and situations, and is sensitive to individual differences.

Oral Communication – Communicates or explains ideas and/or information clearly. Thoughts are well organized and recognizes potential miscommunications.

Problem Solving – Identifies problems, determines accuracy and relevance information, and uses sound judgment to generate and evaluate alternatives and to make recommendations.

Decision Making – Specifies goals and obstacles to achieving those goals, generates alternatives, considers risks, and evaluates and chooses the best alternative in order to make a determination, draw conclusions, or solve a problem.

Reasoning – Discovers or selects rules, regulations, and relationships between facts and other information.

Technical Competence – Knowledge of how to perform one's job. Refers to specialized knowledge that is acquired through formal training or extensive on-the-job training.

Diversity – Is sensitive to cultural diversity, race, gender, and other individual differences in the workforce.

Customer Service – Works and communicates with clients and customers to satisfy their expectations and committed to quality services.

Flexibility – Adapts quickly to changes.

Conflict Management – Manages and resolves conflicts, grievances, confrontations, or disagreements in a constructive manner to minimize negative personal impact.

Attention of Detail – Is thorough when performing work and conscientious about attending to detail.

Memory – Recalls information that has been presented previously.

Technology Application – Uses machines, tools, instruments, and/or equipment effectively and uses computer applications to analyze and communicate information in the appropriate format.

Information Management – Identifies a need for and knows where or how to gather information and organizes and maintains information or information management systems.

Physical Demands:

Lifting: raising or lowering objects.
Sitting: remaining in the normal seated position.
Carrying: transporting an object usually by hand, arm, or shoulder.
Balancing: maintaining the body equilibrium to prevent falling over.
Reaching: extending the hand(s) and arm(s) in any direction.
Handling: seizing, holding, grasping, or otherwise working with hands.
Fingering: picking, pinching, or otherwise working with fingers.
Talking: expressing or exchanging ideas by means of spoken words.
Hearing: perceiving the nature of sounds by the ear.
Repetitive motions: making frequent movements with a part of the body.
Eye/hand/foot coordination: performing work through using two or more.
Near acuity: ability to see clearly at 20 inches or less.
Accommodation: ability to adjust vision to bring objects into focus.

Education Requirement:

Graduation from high school or the possession of a GED Certificate.

Experience Requirement:

Three years of experience performing specialized/technical office support work.

Education/Experience Equivalency:

Additional appropriate education may be substituted for two years of the minimum experience requirement.

CLASS DETAIL

FLSA CODE: Non-Exempt

ESTABLISHED DATE: 01/18/2009

REVISED DATE: 06/26/2011

ESTABLISH BY: Patricia Anderson

CLASS HISTORY 1/2009 - This is a new class.
6/2011 - Worker's compensation subrogation claims duties were added in the Essential Duties Section.