

JOB DESCRIPTION

TITLE: SENIOR CLAIMS EXAMINER

CLASSIFICATION: EXEMPT
REPORTS TO: CLAIMS MANAGER

JOB OVERVIEW:

The *Senior Workers' Compensation Examiner* is responsible for the analysis and management of complex workers' compensation claims. This position will review, investigate, and make decisions regarding coverage, compensability, and appropriateness of claims. The position will process and document claims to ensure compliance with company standards, industry best practices, and legislative provisions. Acts in a fiduciary role on behalf of policyholders, negotiates claim settlements and manages subrogation. Senior Claims Examiner's conduct the handling of claims in the utmost of good faith in compliance with the rules, regulations and statutes of the WCAB and State of California. The *Senior Workers' Compensation Examiner* is expected to function with a degree of competency. The use of sound judgment coupled with consistent results is expected.

RESPONSIBILITIES:

- Analyzes and processes workers' compensation claims by investigating and gathering information to determine the exposure on the claim.
- Negotiates settlement of claims up to designated authority level and makes claims payments.
- Processes complex or technically difficult claims.
- Calculates and assigns timely and appropriate reserves to claims and continues to manage reserve adequacy throughout the life of the claim.
- Calculates and pays benefits due; approves all claim payments; and settles claims within designated authority level.
- Develops and manages claims through well-developed action plans; continues to work the action plan to bring the claim to an appropriate and timely resolution.
- Prepares necessary state filings within statutory limits.
- Actively manages the litigation process; ensures timely and cost-effective claims resolution.
- Coordinates vendor referrals for additional investigation and/or litigation management.
- Uses appropriate cost containment techniques including strategic vendor partnerships to reduce overall cost of claims.
- Manages claim recoveries of all types, including but not limited to subrogation, Second Injury Fund recoveries, and Social Security offsets.
- Reports claims to the excess carrier, responds to requests of directions in a professional and timely manner.
- Frequently communicates with all appropriate parties involved with the claim.
- Refers cases as appropriate to management.
- Maintains professional client relationships.
- Actively executes appropriate claims activities to ensure consistent delivery of quality claims service.

KEY ACCOUNTABILITIES: MEASUREMENT:

- Investigation (Measured through the quality of 3 point contacts and addressing of such issues as coverage, compensability, delay and/or denial of claim, subrogation, contribution, apportionment)
- Reserving (Measured through timely establishment and/or amendment of reserves using the philosophy of “most likely outcome”)
- File Management (Measured through the establishment, documentation, and execution of action plans)
- Medical and Disability Management (Measured through aggressive return to work and collaborative effort with the Medical Management Unit)
- Litigation Management (Measured through aggressive negotiation and disposition as well as control and direction of counsel)
- Procedures (Measured through timely and accurate state filings, payment of bills, and appropriate coding)

MINIMUM REQUIREMENTS:

- 5+ years claims management experience.
- Four year degree preferred
- Professional certification as applicable to workers’ compensation required
- WCCP Preferred
- In depth knowledge of appropriate insurance principles and laws for workers’ compensation.
- Strong written and verbal communication skills.
- Strong organizational skills.
- Strong negotiation skills
- Strong analytical and interpretive skills.
- PC literate.
- Baccalaureate degree from an accredited college or university preferred.
- Professional certification as applicable to workers’ compensation required.