

City of San José
CLASS SPECIFICATION

TITLE: Workers' Compensation Claims Adjuster I (1431)

DEPARTMENT	ACCOUNTABLE TO	FLSA STATUS
Human Resources	Sr. Workers' Compensation Claims Adjuster	Non-exempt

CLASS SUMMARY

Reviews, investigates, and evaluates employee workers' compensation insurance benefit claims, determines liability, sets appropriate reserves, provides medical case management, and negotiates settlements. Performs a variety of other related duties, including preparation of reports and documents and other administrative duties as required.

DISTINGUISHING CHARACTERISTICS

This is the entry level and the first of three levels in the Workers' Compensation Adjuster series, where expertise is obtained on the job. Supervision and training is initially provided in detail, but incumbents are expected to perform with a higher degree of independence after they have learned the job duties. This classification is flexibly staffed with the Workers' Compensation II classification. It differs from the Workers' Compensation Claims Adjuster II classification in that incumbents of the latter perform workers compensation adjustment work of considerable difficulty which requires more knowledge and expertise, and includes more monetary responsibility for settling claims. Incumbents of the Workers' Compensation Adjuster I classification have less monetary authority to settle claims and receive more assistance from a Sr. Workers' Compensation Claims Adjuster on complex claims issues.

QUALIFICATIONS

(These qualifications are typically required. An equivalent combination of education, experience, knowledge, skills, and abilities sufficient to satisfactorily perform the duties of the job may be substituted.)

Minimum Qualifications

Education and Experience

Any combination of training and experience equivalent to a Bachelor's degree from an accredited college or university in business, public administration or closely related field. Experience in general claims adjusting may be substituted for the required education on a year-for-year basis for up to two years.

Required Licensing (such as driver's license, certifications, etc.)

- Possession of a valid California Driver's License

Other Qualifications

(Incumbents may be required to have different combinations of the listed qualifications, or more specific job-related qualifications depending on the position.)

Basic Knowledge, Skills and Abilities

(Needed at entry into the job in order to perform the essential duties.)

- Ability to apply general workers' compensation insurance principles to develop workable solutions.
- Ability to communicate effectively both orally and in writing.
- Knowledge of report writing techniques and principles of editing.
- Ability to provide excellent customer service to internal and external stakeholders.

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- Ability to work in a team environment, jointly developing goals and solutions and promotion participation among members.
- Knowledge of basic general research techniques and their applications.
- Ability to perform basic arithmetic calculations.
- Ability to collect, compile, analyze and interpret data.
- Working knowledge of Microsoft Word and Excel, and ability to access a computerized claim management system for all phases of the claims process.

Desirable Qualifications

(Knowledge, skills and abilities; licenses, certificates, education, experience that is more position specific and/or likely to contribute to more successful job performance.)

- Knowledge of California Labor Code laws and procedures specifically relating to public agencies.
- Knowledge of the applicable workers' compensation laws of the State of California
- Knowledge of basic medical terminology.
- Knowledge of legal terminology regarding workers compensation.
- Knowledge of current trends in court decisions and Workers' Compensation Appeals Board cases.
- Knowledge of resources available for rehabilitation of disabled employees.
- Ability to interpret and apply the provisions of the California Workers' Compensation laws.
- Ability to collect and analyze pertinent legal and medical evidence and draw sound conclusions.

DUTY NO.	TYPICAL CLASS ESSENTIAL DUTIES: (These duties and estimated frequency are a representative sample; position assignments may vary depending on the business needs of the department.) Duties may include, but are not limited to, the following:	FRE-QUENCY*
1.	Reviews, investigates and evaluates workers' compensation claims by collecting and analyzing legal, factual and medical information, interviewing employees, supervisors, department contacts, physicians and other medical providers.	Daily
2.	Develops a plan of action for handling the claim, considering various options such as modified duty, further medical review, etc.	Daily
3.	Administers, monitors and calculates appropriate indemnity and medical benefits. Issues compensation, medical benefits and vocational rehabilitation based on workers' compensation benefits principles and laws, interpretation of medical reports and legal concepts and factual information related to the claim.	Daily
4.	Coordinates the provision of medical benefits and facilitates timely return to work through continual contact with injured worker, department, medical providers and by applying the Utilization Review rules for approval of medical treatment. Prepares claims for referral to the Return-to-Work Coordinator and takes part in the interactive process.	Daily
5.	Calculates and estimates future liabilities by establishing monetary reserves based on applicable available factual, medical information and experience with other claims.	Daily

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6.	Facilitates expeditious claims resolution by contacting injured employees, scheduling medical appointments, authorizing benefits, assigning vocational counselors, referring claims for medical management and utilization review and/or litigation. Maintains a diary system to ensure that follow-up for all claims issues is taking place.	Daily
7.	Participates in continuous education to include current case law practices and procedures, new rules/regulations/laws, City policies, current Memorandums of Agreement (MOA's) by attending seminars/classes, reading publications, City training and in-service training.	As Required
8.	Prepares and documents cases for litigation by evaluating all issues, gathering factual, medical and legal evidence. Assigns cases to the City Attorney's office for investigation. Determines and recommends whether case is appropriate for submission to the DA's office via the Workers' Compensation Division Manager and City Attorney's Office in cases where fraud is suspected.	Monthly
10.	Performs other duties of a similar nature or level.	As Required

*Frequency defined as %, (totaling 100%) *or* "Continuous" (daily or approximately 20%+), "Frequent"(weekly or approximately 15%+), "Occasional"(monthly or approximately 10%+), "As Required"(Intermittent or 5% or less)

CLASSIFICATION HISTORY : Established 3/80; revised 7/83; revised & re-titled 7/90, (formerly Workers' Compensation Claims Adjuster), revised 8/08, s001.