City of San José CLASS SPECIFICATION

TITLE: Workers' Compensation Claims Adjuster II (1434)

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. May act as a lead to Workers' Compensation Claims Adjuster I or workers compensation support staff.

DISTINGUISHING CHARACTERISTICS

This is the second of three levels in the Workers' Compensation Adjuster series, where the incumbent uses workers' compensation claims knowledge and expertise to perform workers' compensation adjustment work of considerable difficulty, receiving only general direction from the Sr. Workers' Compensation Adjuster. This classification is flexibly staffed with the Workers' Compensation Adjuster I classification. It differs from the Workers' Compensation Claims Adjuster I in that incumbents of the latter perform workers compensation adjustment work under more supervision, receive more assistance from a Sr. Workers' Compensation Adjuster on complex claims issues, and have less monetary authority to settle claims. Incumbents of the Workers' Compensation Claims Adjuster II classification are given monetary authority to settle claims and establish reserves, as authorized by the Sr. Workers' Compensation Adjuster in that incumbents of the latter class normally supervise Workers' Compensation Claims Adjusters and other staff, and perform the most complex and difficult claims adjustment assignments.

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 and two years of experience in workers' compensation claims adjusting. Experience in workers' compensation 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
- Possession of a State of California Self-Insurance Administrator's Certificate is required within six (6) months of appointment.

Other Qualifications

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

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Basic Knowledge, Skills and Abilities

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

- 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.
- Ability to provide excellent customer service to internal and external stakeholders.
- Ability to work in a team environment, jointly developing goals and solutions and promoting participation among the members.
- Excellent oral and written communication skills.
- Experience conducting claims reviews and actively participating in meetings with the various stakeholders in the workers' compensation process.
- Experience in preparing correspondence to medical providers, attorneys, employers and other stakeholders.
- Working knowledge of Microsoft Word and Excel, and ability to access a computerized claim management system for all phases of the claim process.
- Ability to perform basic arithmetic calculations.
- Knowledge of basic medical terminology.
- Knowledge of legal terminology regarding workers compensation.
- Knowledge of report writing techniques and the principles of editing
- Knowledge of research techniques and their applications to workers' compensation claims.
- Knowledge of methods and techniques of investigation of workers' compensation claims.

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.)

- Possession of a State of California Self-insurance Administrator's Certificate
- Working knowledge of Peoplesoft.
- 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.
- Ability to interview injured employees and witnesses.

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

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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, and 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
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
9.	May act as a lead to Workers' Compensation Adjusters I or lower level support staff, assigning, scheduling and checking work, providing technical direction, determining priorities, and training staff. As a lead, may sign timecards and may give input to the supervisor regarding the employee's performance evaluation, hiring, promotion, termination and discipline of employees.	Daily
10.	Performs other duties of a similar nature or level.	As Required

*Frequency defined as %, (totaling 100%) <u>or</u> "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 7/90, revised 12/97, s001, revised 8/08, s002.