

**Class Code:** 7819  
**Pay Grade:** 13  
**Salary Range:** 24,984 - 46,200  
**EEO Code:** E  
**FLSA Code:** N

### **WORKERS' COMPENSATION CLAIMS ADJUSTER 3**

**DEFINITION OF WORK:** Under limited supervision, performs complex specialized work in the review, evaluation and processing of workers' compensation claims in the Workers' Compensation Commission. May perform in a lead work role with responsibility for training and mentoring new employees and assisting the supervisor in the operation of the work unit or team. Manages a caseload typically involving claims of indemnity benefits with one hundred four weeks or more lost time, fatalities, catastrophic/traumatic injury, permanent total disability, medical only issues or claims of similar complexity. Performs related work as required.

**DISTINGUISHING CHARACTERISTICS:** This level is distinguished from the Workers' Compensation Claims Adjuster 2 level by the greater complexity and difficulty of the claims adjudicated and/or by the lead work and assistant supervisor assigned role.

**ESSENTIAL FUNCTIONS:** (Any specific position in this class may not include all of the duties listed, not do the examples listed cover all of the duties which may be assigned.)

Reviews and evaluates new claims and claim reopening applications at the assigned levels; assures accuracy of claim data such as name, social security number, medical codes, policy number, injury date, etc., reviews injury type against diagnosis; consults with medical or rehabilitation resource personnel on more difficult diagnoses.

Determines applicability of coverage and charge ability of claim; determines compensability of claim.

Contacts claimant, employer physicians or other medical providers, or witnesses to gather or verify claim or injury information.

Secures salary information and determines compensation rate according to established guidelines.

Requests treatment plans from clinical providers; reviews requests and processes requests for treatment or allowed services using established medical guidelines and codes and Commission policies and procedures.

Requests independent medical examinations (IME); reviews IME reports against established medical guidelines; consults supervisor or medical professionals or rehabilitation specialists on unusual or highly complex medical or rehabilitation issues.

Awards indemnity benefits according to established guidelines and statute.

Consults with medical and rehabilitation professionals and employer to develop return to work opportunities through modified job duties or trial return to work

Develops and issues protestable and non-protestable orders related to assigned claims.

Explains claims decisions and appeal rights to claimant, attorneys, employers, clinical providers, or government agencies; issues protestable or non-protestable orders related to the claim.

Maintains current and accurate claim diaries and related documentation.

Maintains claims adjudication competencies through successful completion of available training.

Acts as a claims resource specialist on intra-agency project teams or studies.

Trains or mentors new employees on claims procedures and unit operations.

**REQUIRED COMPETENCIES:**

Extensive knowledge of Workers Compensation Commission statutes, regulations, policies and procedures related to claims adjudication.

Working knowledge of English grammar and composition for use in correspondence, report writing and claims diarying.

Working knowledge of addition, subtraction, multiplication, division, fractions and percentages.

Skill in the operation of a keyboard and personal computer.

Ability to effectively use Workers' Compensation Commission data systems and computerized claims systems.

Ability to read and properly apply information from medical reference manuals.

Ability to properly apply medical terminology, anatomy and body systems terms, disease and diagnoses codes and treatment protocols in the review, evaluation and processing of workers' compensation claims.

Ability to correctly define problems related to workers' compensation claims, collect relevant data, establish facts in the claim and draw valid conclusions for adjudication decisions.

Ability to write clear and concise professional correspondence, reports and claims notes.

Ability to interact effectively with claimants, employers, health care providers, attorneys, third party administrators, public officials and others in providing an exceptional level of customer service.

**MINIMUM QUALIFICATIONS:**

**TRAINING:** Graduation from a standard four-year high school or equivalent.

**EXPERIENCE:** Six years of full-time or equivalent part-time paid experience in the investigation, adjudication or settlement of workers' compensation claims or insurance claims, as a medical assistant or paramedic **OR** four years as a claims specialist or adjuster with the Workers' Compensation Commission or third party administrator.

Established: 02/19/2004

Effective: 03/16/2004