

**CLAIMS REPRESENTATIVE 1**

**Nature of Work:** Under direct supervision, reviews, evaluates and processes an assigned caseload of Workers Compensation claims. Responsible for a caseload involving primarily unprotested no lost time and lost time claims with less than four weeks of indemnity benefits. Performs related work as required.

**Distinguishing Characteristics:** The Claims Representative 1 is distinguished from the Claims Representative 2 by the responsibility of claims assigned. The Claims Representative 1 is responsible for a caseload involving primarily unprotested no lost time and lost time claims with less than four weeks of indemnity benefits.

**Examples of Work**

Analyzes assigned new claims and reopening applications; determines applicability of coverage and chargeability. Contacts claimants, employers, physicians, witnesses, and other agents to gather and verify information; secures salary information and determines compensation rate. Determines claim compensability. Requests treatment plans from physicians and other clinical providers. Reviews requests for treatment, change of physicians, payment of medical expenses and payment of indemnity benefits. Requests independent medical examinations; reviews independent medical examination reports and determines appropriateness of recommendations based upon current accepted guidelines. Explains decisions and appeal rights to physicians, attorneys, government officials, other clinical providers and other interested parties. Issues protestable and non-protestable orders related to claims. Maintains active claim diaries and file notes.

**Knowledge, Skills and Abilities**

Ability to learn West Virginia Workers Compensation statute, rules, regulations, policies and procedures.  
 Ability to learn West Virginia court precedent setting decisions and application of rulings.  
 Ability to learn medical terminology, anatomy, body systems, and treatment protocol.  
 Ability to communicate effectively, both orally and in writing.

**CLAIMS REPRESENTATIVE 1 (CONT'D)****Knowledge, Skills and Abilities (cont'd)**

- Ability to use medical treatment guidelines in processing claims.
- Ability to establish and maintain effective working relationships with the public, providers and other employees.
- Ability to operate a personal computer, recording equipment and other office equipment.

**Minimum Qualifications**

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

**Experience:** Two years of full-time or equivalent part-time paid experience in the investigation, evaluation, and settlement of workers compensation claims with an insurance company, self-insured or third party administrator, or as a claims technician assigned to a claims team, Office of Claims Management, Workers' Compensation; **OR** three years full-time or equivalent part-time paid experience working with insurance claims or in claims/insurance adjusting, claims investigation, paramedic or medical assistant field.

**Substitution:** Course work from an accredited four-year college or university, or related business school or vocational training may substitute through an established formula on a year-for-year basis for the experience **OR** Successful completion of the AIC course of study through the Insurance Institute of America, certification as a Certified Case Manager (CCM) or Certified Insurance Rehabilitation Specialist (CIRS) may substitute for one year of the required experience.

Established: 3/21/96  
Effective: 4/01/96