## 9453

# DEPUTY CLAIMS MANAGER

Nature of Work: Under limited supervision, reviews, investigates, evaluates, and processes an assigned caseload of Workers Compensation claims. Responsible for a caseload involving claims of indemnity benefits with one hundred and four weeks or more lost time, including fatalities, catastrophic and permanent total disability claims. May assume supervisory duties in the absence of District Claims Manager. Performs related duties as required.

**Distinguishing Characteristics:** The Deputy Claims Manager is distinguished from the Claims Representative II by the responsibility of claims assigned. The Deputy Claims Manager performs under limited supervision and is responsible for a caseload involving lost time claims of indemnity benefits with one hundred and four weeks or more lost time, including fatalities, catastrophic and permanent total disability claims. May assume supervisory duties in the absence of District Claims Manager.

### Examples of Work

Analyzes assigned new claims and reopening applications;
determines applicability of coverage and chargeability.
Requests investigation activities such as
recorded statements, activity checks and surveillance.
Conducts special reviews on fatal, catastrophic and
permanent total disability claims.
Contacts claimants, employers, physicians, witnesses, and
other agents to gather and verify information; secures
salary information and determines appropriate
compensation rate.
Determines claim validity and compensability.
Monitors ongoing eligibility for permanent total disability
claims in accordance with applicable statute.
Identifies claims needing vocational rehabilitation for
referral to rehabilitation specialists and monitors
progress of rehabilitation services rendered within
assigned authority.
Identifies subrogation opportunities, initiates and procures
recovery.
Requests treatment plans from treating physicians and
other clinical providers.
Develops a case management plan under limited supervision.
Determines medical necessity of requests for treatment, diagnostic studies, change of treating physicians, major
surgery, payment of medical expenses and payment of
objectively substantiated indemnity benefits within their
assigned authority.
Determines need for home and vehicular modification and
Decermented meed for mome and venifedrar modifiedefon and

## 9453

## DEPUTY CLAIMS MANAGER (CONT'D)

### Examples of Work (cont'd)

prosthetic devices.

Assumes management of claim which subsequently involve major surgery.

Evaluates statutory requirements for hearing loss and determines employer chargeability/allocation.

Evaluates audiograms and determines impairment rating based on current accepted guidelines.

Consults with medical management nurse and HCAP on complex medical issues.

Initiates and specifies independent medical examination criteria.

Analyzes independent medical examination reports and reviews treatment plans in relating to established treatment guidelines.

Explains legal basis for and results of decisions and appeal rights to physicians, attorneys, government officials,

other clinical providers and other interested parties. Reviews requests for settlement to determine that related payments are made in accordance with agency policies and procedures under limited supervision.

Works with injured worker, treating physician and employer to identify opportunities and initiate return to work through modified alternate job duties or trial return to work.

Formulates and issues legal orders citing findings of fact and conclusions of law.

Assists attorneys in litigated claims.

Reviews and acts upon Administrative Law Judges, Appeal Board and State Supreme Court decisions under limited supervision.

Provides guidance and technical advice regarding claim management techniques to team members in lower job classifications as needed.

Maintains active claim diaries and file notes.

Reviews and applies West Virginia law and current Workers Compensation Division guidelines in determining appropriateness of reopening requests.

Stays current in claims management principles and techniques and West Virginia law via continuing education.

# Knowledge, Skills and Abilities

Knowledge of West Virginia Workers Compensation statute, rules, regulations, policies and procedures.

Knowledge of West Virginia court precedent setting decisions and application of rulings.

Knowledge of claim management principles and techniques.

Knowledge of medical terminology, anatomy, body systems, treatment protocol, surgical procedures and their

complications, and the etiology of occupational diseases. Knowledge of pharmaceutical interactions.

## DEPUTY CLAIMS MANAGER (CONT'D)

### Knowledge, Skills and Abilities (cont'd)

- Knowledge of complications related to catastrophic injuries. Ability to communicate effectively, both orally and in writing.
- Ability to interpret various forms of technical information and make appropriate decisions.
- Ability to plan and organize.

Ability to establish and maintain effective working

relationships with the public and other employees in unit. Ability to exercise independent judgement.

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:** Four 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** five years of 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 or AIM courses 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