**DISTRICT CLAIMS MANAGER**

**Nature of Work:** Under limited supervision, responsible for the supervision, coordination and monitoring of claims management activities in a unit at the Workers' Compensation Division. May supervise field personnel assigned to claims management unit. Assures the timely review, evaluation and processing of claims. The position will assign new claims, monitor caseloads and direct the case management activities of claims representatives and others assigned to their unit. This person is responsible for assisting senior management in formulating and implementing claims management procedures for the agency. Performs related duties as required.

**Distinguishing Characteristics:** The District Claims Manager is responsible for the supervision, training, and monitoring of the claims management activities of those claims representatives and others assigned to their unit. Assigns new claims, monitors caseloads and directs the claims representatives and others assigned to their unit.

**Examples of Work**
- Assumes responsibility for day-to-day management of the claim unit's activities.
- Supervises claims personnel, and directs the activities of other professionals assigned to the unit.
- Coordinates and monitors the effectiveness of any outside vendors, assigned overflow, or specialty claims.
- Reviews all new claims applications received by the unit and assigns to the proper claims representative.
- Monitors the claim representatives' case loads in order to achieve balance in their workloads and promote effective claims management of the files assigned.
- Determines the compensability of unusual, precedent setting or high exposure claims with the consent of the senior management.
- Reviews and approves any new claims reports recommended for denial by the claims representatives.
- Provides technical expertise and input on claim files handled within the unit.
- Reviews and counsels representatives on their claims management strategy plans.
- Authorizes benefit payments, reserves and/or settlement amounts in excess of the claims representatives authority levels.
- Resolves difficult benefit issues.
- Monitors the medical case management efforts on catastrophic or serious injury claims.
DISTRICT CLAIMS MANAGER (CONT'D)

Examples of Work (cont'd)

Reassigns claims among the unit's claims representatives as needed to assure quality claims management.
Maintains a supervisory diary system to assure the periodic timely review of all lost time claims files with continuing disability.
Reviews a random sample of each claims representatives' claims files for quality control and case management of their files.
Monitors the claims manager's diaries to ensure adherence to the file review policies and the active management of their files.
Identifies and initiate claims which may require defense by legal division.
Monitors subrogation recoveries and their crediting against the proper claims file.
Files monthly unit claims activity reports with senior management.
Assists in the selection process of new claims personnel.
Directs the initial and ongoing training of claims personnel.
Monitors and evaluates their unit claim personnel's progress and career development.
Maintains effective working relationships with other agency offices/departments.
Provides liaison with subscriber/self-insurers on high profile claims, as well as their general loss experience.
Stays current with the latest amendments to the West Virginia Workers Compensation law and precedent setting case decisions and counsel their unit claims personnel in the interpretation of such matters.
Assists senior management in the formulation of claims management procedures and policies.
Performs special projects as assigned by senior management.

Knowledge, Skills and Abilities

Knowledge of state and federal laws and regulations related to workers compensation.
Knowledge of West Virginia Workers Compensation statutes, rules and regulations, policies and procedures.
Knowledge of West Virginia court decisions and application of rulings.
Knowledge of claims management principles and techniques.
Knowledge, Skills and Abilities (cont'd)
Knowledge of medical terminology, anatomy, body systems, treatment protocol, surgical procedures and their complications, etiology of occupational diseases.
Knowledge of pharmaceutical interactions.
Knowledge of complications related to catastrophic injuries.
Ability to plan, organize, coordinate and evaluate in the area of assignment.
Ability to develop effective policies and procedures for the agency.
Ability to communicate effectively, both verbally and in writing.
Ability to interpret various forms of technical information and make appropriate decisions.
Ability to establish and maintain effective working relationships with government officials, private industry officials, professional personnel and others.
Ability to operate a personal computer.

Minimum Qualifications
Training: Graduation from an accredited four-year college or university.
Substitution: Experience as described below may substitute for the required training on a year-for-year basis.
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 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: 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