

**State Compensation Insurance Fund  
Workers' Compensation Claims Adjuster  
Duty Statement**

<b>Employee's Name:</b>	
<b>Program:</b> Regional and State Contract Claims	<b>Work Unit:</b> Claims
<b>Position's Authorized Classification (and Range):</b> Workers' Compensation Claims Adjuster	<b>Report To:</b> Assistant Claims Manager (ACM)
<b>Position Title:</b> Claims Adjuster	<b>Position Serial #:</b>
<b>Incumbent Appointment Classification (and Range):</b>  Workers' Compensation Claims Adjuster (WCCA)	<b>CBID:</b> R01
	<b>FLSA Status:</b> <input checked="" type="checkbox"/> Covered, Work Week Group 2 <input type="checkbox"/> Not Covered, Exempt WWG <input type="checkbox"/> E or <input type="checkbox"/> SE

**PURPOSE/SCOPE:**

Under general direction and oversight, the incumbent will be responsible for adjusting a variety of workers' compensation claims of average complexity appropriate to the skill/experience level of the employee ("more complex" cases will be assigned as needed; however, the employee will receive greater oversight, guidance, and assistance throughout the process of adjusting the more complex cases). This caseload will include, but is not limited to:

- Non-Litigated claims
- Litigated claims
- Basic Benefits due including Industrial Disability Leave (IDL), Temporary Disability (TD), Permanent Disability (PD), Life Pension (LP), Medical treatment and Supplemental Job Displacement Benefit (SJDB).
- Claims with penalties issues
- Apportionment
- Multiple Employers/Defendants
- Claimant with multiple claims
- Presumptions

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<b>Supervisor's Statement:</b> I have discussed the duties of the position with the employee		
<b>Supervisor's Name (Print):</b>	<b>Supervisor's Signature:</b>	<b>Date:</b>
<b>Employee's Statement:</b> I have discussed with my supervisor the duties of the position and have received a copy		
<b>Employee's Name (Print):</b>	<b>Employee's Signature:</b>	<b>Date:</b>

Duty Statement Origination or Revision Date: **10/26/15, 10-29-15, 10-14-16, 10-19-20, 7-6-21**

**KEY RESULT/ESSENTIAL FUNCTIONS:**

In all aspects of the performing the Key Results/Essential Functions, the incumbent will:

- Establish and maintain effective working relationships and uphold principles of integrity in the workplace.
- Provide quality customer service in a timely manner.
- Take "ownership" of each customer contact to address needs and endeavor to meet State Fund objectives.
- Help in the retention of all State Fund Customers.
- Follow the principles of State Fund's and the State of California Harassment laws and guidelines.
- Maintain a safe working environment.
- Defend State Fund against fraudulent activities.
- Maintain confidentiality of all information encountered in the course of employment.
- Protect State Fund's computer systems from malicious outside invasion
- Maintain regular and predictable attendance and/or communication availability during working hours.
- Comply with the Code of Conduct.
- Attend and participate in all required continued education and corporate compliance training.

*The statements contained in this duty statement reflect the general details as necessary to describe the principal results/functions of this job. It should not be considered an all-inclusive listing of work requirements. Individuals may perform other duties as assigned, including work in other or specific functional areas.*

*Incumbents may be rotated through various specialty roles such as Fast Track, Intake, Return to Work, Legacy, and Maintenance at the discretion of local management based on business needs and other considerations.*

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**35%**

- 1. Proactively and independently, manage, finalize and control (Adjust) an inventory that includes disability cases, and litigated claims to protect the interest of the injured, the Employer or State Agency, and State Fund, according to Claims Management/Corporate policies and procedures.**

(This is an essential function of the job)

- a. Plan and implement proactive case management strategies and continually identify opportunities for early return to work and appropriate settlement.
  - i. Communicate with employer to identify possibilities for transitional work.
  - ii. Work with nurse case manager (when appropriate) and primary treating physician in obtaining work capabilities and communicate with injured employees and employers the importance of early return to work.
  - iii. Coordinate early return to work once the opportunity has arisen.
- b. Pro-actively and continually work toward obtaining Maximum Medical Improvement (MMI) status as soon as medically possible.
  - i. Work with nurse case manager and utilize other resources (i.e., Clinical Claims Questions, Medical Provider Network (MPN) Help Desk, Official Disability Guidelines (ODG), Harbor Health, etc.) to achieve MMI status.
- c. Continually monitor and review claims for the purpose of identifying opportunities for settlement/closure and develop strategies for settlement/closure on each claim.
  - i. Identify early opportunities to settle the claim even if injured employee has not yet reached MMI status.
- d. Initiate timely Finalization Work-ups, or Settlement Authority Requests (SAR) to resolve claims within settlement authority and/or with appropriate approval.
  - i. Prepare timely finalization work-up upon receipt of information indicating potential for settlement and addressing all pertinent issues.
  - ii. Refer all finalization ranges exceeding Authorization level to ACM for approval prior to negotiation of settlement.
  - iii. Ensure the claim has the appropriate documentation required for Claims management/Corporate/Executive approval.
  - iv. Coordinate proposed settlements with Legal and/or Subrogation, as needed.
- e. Respond to settlement demands timely.

**State Compensation Insurance Fund  
Workers' Compensation Claims Adjuster  
Duty Statement**

- f. Initiate timely settlements, closures and timely transfers of claims

**20%**

**2. Ensure timely and accurate benefit provision, according to Claims Management/Corporate policies and procedures and DWC laws/regulations.**

(This is an essential function of the job)

- a. Review and Analyze all documents received into the claim to ensure timely compliance with all claims regulations.
- b. Monitor and control provision of benefits, send appropriate letters and Department of Workers Compensation (DWC) notices on all claims.
  - i. Make appropriate and informed decisions; gather and analyze all necessary information from provider, employer and injured employee.
  - ii. Calculate Average Weekly Earnings according to workers' compensation regulations based on information provided by employers and injured employees
  - iii. Ensure timely and accurate verification/payment of IDL, TD, PD, SJDB and medical benefits. Calculate and pay any late payment penalties due.
  - iv. Monitor and ensure that compensation payments are based on medical verification of disability, accurate earning information, and/or Workers Compensation Appeals Board (WCAB) findings.
- c. Monitor and control provision of reasonable and necessary medical treatment and submissions for Utilization Review.
  - i. Coordinate resolution of Utilization Review (UR) disputes as needed.
    - 1. Ensure all Independent Medical Reviews (IMRs) are processed and paid timely, if appropriate.
  - ii. Initiate and approve medical services, within adjuster authority, as needed or requested.
  - iii. Authorize timely payment or objection of medical and loss expense bills and/or liens.
    - 1. Monitor and Control review and approval of Medical payments.
    - 2. Ensure all payments are reviewed timely.
    - 3. Ensure all payments are supported by appropriate UR reviews.
    - 4. Ensure all Independent Bill Review (IBR) reviews are processed and paid timely, if appropriate.
  - iv. Prepare lien objection letters, negotiate liens and assist lien unit in the defense of liens, as appropriate.

**State Compensation Insurance Fund  
Workers' Compensation Claims Adjuster  
Duty Statement**

**20%**

**3. Establish and maintain timely, current, accurate, adequate and professional case documentation and estimates, according to Claims Management and Corporate policies and procedures.**

(This is an essential function of the job)

- a. Ensure that all decisions and activities are supported by adequate documentation.
- b. Ensure that all regulatory reporting information is updated timely and accurately.
- c. Ensure that Case Plans are updated, accurate and detailed.
- d. Balance and reconcile all cases.
- e. Ensure that claims documents are appropriately identified and indexed to prevent any privacy breeches and minimize duplication.
- f. Ensure that all estimates are documented in the claim file and based on information in file that reflects the adjuster's appraisal of the total reasonably expected cost of a claim.

**10%**

**4. Provide professional public relations/customer service.**

(This is an essential function of the job)

- a. Participate at meetings with Employers, Brokers or Departments/Agencies as requested.
- b. Communicate professionally with Employers, Brokers or Department representatives and medical community.
- c. Provide timely written case plans to Employers, Brokers or Department representatives.
- d. Participate in WCAB hearings when necessary.

**State Compensation Insurance Fund  
Workers' Compensation Claims Adjuster  
Duty Statement**

5%

**5. Provide technical guidance and strategies and assisting the ACM within delegated authorities.**

(This is an essential function of the job)

- a. Provide guidance to the Claims Team in the absence of the ACM or other senior level staff.
- b. Review Claims Team product, as requested, for professional quality and compliance with Regional Claims Program/Corporate Policies and procedures and DWC laws/regulations.
- c. Assist ACM in ensuring that team members comply with current systems, policies, and procedures.

5%

**6. Coordinate, provide and participate in Claims Training program and act as a training resource.**

(This is an essential function of the job)

- a. Coordinate with Office Claims Training Coordinator to develop and provide and/or assist with claims training as requested.
- b. Identify training needs and recommend appropriate training for Claims Team and/or Claims department.
- c. Attend training as directed.
- d. Self-direct and manage own training.

5%

**7. Manage and coordinate special projects as assigned by the ACM or Claims management.**

(This is an essential function of the job)

- a. Manage, coordinate and complete special projects as requested.
- b. Participate in Claims and Corporate claims projects. Act as a Subject Matter Expert (SME) at the request of claims management
- c. Identify and recommend to management new procedures and workflows. Implement new technologies, systems and programs as appropriate.
  - i. Assist in developing procedures and workflow processes to streamline operations.
  - ii. Assist in training employees on new procedures, workflows, technologies, systems and programs

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## **REQUIRED QUALIFICATIONS/COMPETENCIES (KNOWLEDGE, SKILLS/ABILITIES):**

### **KNOWLEDGE AREAS:**

1. Proficient knowledge of DWC Laws and regulations relating to claims adjusting and claims adjusting support.
2. Proficient knowledge of Regional Office and State Fund claims policies and procedures and various State Fund functions that are impacted by claims decisions.
3. Working knowledge of State Fund standard software applications.
4. Working knowledge of the State Fund organization, Regional Office and Corporate functions, and business policies and procedures.

### **SKILLS/ABILITIES:**

1. Skill/Ability to assimilate and analyze issues quickly, interpret and apply laws/regulations and policies and procedures to proactively make and support timely and correct decisions and develop innovative/creative approaches.
2. Skill/Ability to approach case management strategically by anticipating needs, changes, and decision impacts, and planning accordingly to address issues.
3. Skill/Ability to work independently and as a team with co-workers and management to address and resolve issues.
4. Skill/Ability to effectively work with and relate with other people.
5. Skill/Ability to develop and provide training.
6. Skill/Ability to coordinate, facilitate, and make presentations.
7. Skill/Ability to manage multiple projects.
8. Skill/Ability to manage multiple tasks.
9. Skill/Ability to communicate professionally, effectively, and empathetically verbally and in writing (including the ability to negotiate credibly and persuasively as well as listening and asking appropriate follow-up questions) with a variety of claims "stakeholders" including politically sensitive and major accounts and agencies.
10. Skill/Ability to research, analyze, and evaluate information to make and support decisions.
11. Skill/Ability to achieve results according to objectives.

**State Compensation Insurance Fund  
Workers' Compensation Claims Adjuster  
Duty Statement**

12. Skill/Ability to handle/resolve difficult/sensitive situations while being firm but tactful.
13. Skill/Ability to write professional and accurate documentation/communications suitable for distribution to internal and external customers.
14. Skill/Ability to formulate workflow processes and enhancements.

**WORK ENVIRONMENT:**

**Physical Requirements:**

Computer data entry, frequent light lifting, bending, reaching, carrying, and telephone work; mobility to various working areas.

Incumbent works in the usual office environment.

**Travel:**

Travel may be required.

**\*\*This position is designated under the State Fund Conflict of Interest Code. The position is responsible for making or participating in the making of governmental decisions that may have a material effect on personal financial interests. The selected candidate is required to complete the Statement of Economic Interest—Form 700 within 30 days of appointment and once per year thereafter.\*\***