

CLASS SPECIFICATION FOR
Senior Claims Adjuster

GENERAL STATEMENT OF DUTIES: Supervises the claims function in the Risk Management section of General Services, coordinating and monitoring claims activity for several County benefit and insurance programs; does related work as required.

DISTINGUISHING FEATURES OF THE CLASS: The *incumbent in this class* is a working supervisor who oversees the investigation and processing of employee-benefit claims under the *County's workers' compensation program*, as well as all property and liability claims under the County's self-insurance program. The employee manages all claims processing activities and supervises the Claims Adjuster, Claims Technician and clerical staff assigned to the work unit. The incumbent makes and reviews recommendations for appropriate action to be taken, monitors claims processing through to completion, coordinates the maintenance of accurate case files and issues reports on general claims activity. The incumbent receives policy guidance and general supervision from the Risk Manager.

EXAMPLES OF WORK (illustrative only):

- *Supervises, trains and guides the work of the claims staff;*
- *Determines work assignments of and balances the workload among staff;*
- *Investigates and adjusts large liability claims;*
- *Makes field inspections of accident sites and performs routine audits of worker's compensation, auto/generally liability claims as necessary;*
- *Supervises or handles the processing of payments under workers' compensation program, verifying work-related injury, entering data into computer, reconciling payments with medical bills and computing benefit checks;*
- *Responds to inquiries from physicians, medical facilities, supervisors and employees regarding job-related injuries and medical payments;*
- *Manages the claims administration budget and contracts that include physicians, medical cost adjustments, vocation rehabilitation/medical case management, third-party administrators, legal counsel, auto appraiser and auto rental;*
- *Monitors and analyzes payment of workers' compensation claims to identify duplication of payments where they occur, ensure correct reimbursements are made to the County and ensure that employee lost time is accurately charged to the proper code;*
- *Supervises or handles liability and property damage claims filed against the County, determining the County's legal liability, verifying damages incurred, and paying claims as appropriate;*
- *Reviews bills for replacement or repair to see that they are in line and reasonable and pay as appropriate;*
- *Coordinates insurance companies involvement with insured and excess claims, and assures reports on quality and excess claims are made on a timely basis;*
- *Coordinates with the Finance and Human Resources Departments on claim payments;*
- *Performs quality audits of claim closures;*
- *Maintains and suggests improvements to the statistical monitoring system to provide management with utilization data;*
- *Ensures the entry and security of claims activity data in Risk Management computer system;*
- *Provides on-going claim-status reports and other general claims-activity information to various internal and external sources*
- *Performs related work as assigned.*

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES: Considerable knowledge of Virginia Workers' Compensation Act and its application to claims processing; knowledge of claims adjustment for workers' compensation and disability; knowledge of and familiarity with the concept of sovereign immunity as it applies to liability issues; good research skills; ability to determine the validity of claims and to make effective, sound and logical recommendations for their settlement or other dispensation; ability to deal tactfully but firmly with claimants, employees and County agencies; ability to communicate effectively, both orally and in writing; proven supervisory and leadership skills; ability to establish and maintain effective working relationships with employees and the public; a good working knowledge of and skill in the use of a personal computer; good organizational skills; ability to establish and maintain accurate and complete manual and computer files.

MINIMUM EDUCATION AND EXPERIENCE: Completion of high school and six (6) years of related work experience, including two (2) years of experience in insurance claims handling and processing and preferably one (1) year of supervisory experience; OR, any equivalent combination of experience and training which provides the required knowledge, skills and abilities.