

# Claims Manager

1/13

## **General:**

Excellent internal and external customer service, respecting fellow employees and clients, and the value of the services we provide to our clients is what drives ERNwest's ability to be profitable, share financial gains with its' employees, and be a desirable place to work. This basic tenant should drive the behavior and performance of staff members regardless of position.

The primary goal of this position is to serve the customer (both employer and retro association) by actively advising employers and managing worker's compensation claims to reduce unnecessary expense against the account and thereby resulting in increased retro group performance, employer performance, and client retention.

## **Primary Responsibilities Include (but are not limited to):**

- Receives and analyzes incoming employer incident reports assessing severity, validity, third party, and other factors potentially impacting claim cost and duration.
- Determines if additional information is needed to establish validity and advises employer on best practices including accident investigation, obtaining witness statements, health care provider selection, incident report completion, light duty return to work, stay at work program benefits, kept on salary programs and other such practices proven to improve employer performance.
- Completes initial contact with employer within two business days following receipt of new incident.
- Completes initial review of claim within 15 days of receipt of new incident.
- Creates and maintains monthly case plans for distribution to customers.
- Returns e-mail and phone correspondence same day or within 24 hours if received after 3pm.
- Determines appropriate Department action on a given case and communicates with all stakeholders (employer, LNI claim manager, internal and external vocational providers, medical providers, legal counsel, etc.) to persuade stakeholders to act in compliance with WAC, RCW, and policy as well as prevent incorrect adverse actions from being taken on the claim.
- Make substantial efforts to meet directly with clients and help identify and implement plans for improvement.
- Develops and implements strategies to reduce cost and duration, increase refunds, and ensure customer satisfaction.
- Evaluates case feedback/suggestions and collaborates with Group Managers, Director of Claims, Nurse Case Management, Loss Control, and/or Vocational Managers to achieve positive outcomes.
- Prepares written protests to adverse orders and may prepare comprehensive arguments to support employer position via secure message, fax, and letter.

- Communicates verbally and in writing with Claim Managers, Leads, CM Supervisors, Operations Managers, Program Managers, and Chief of Claims as needed to encourage correct Department action and discourage unnecessary legal expenses.
- Requests assistance from Group Managers, Director of Claims, and Vocational Managers, as needed to resolve complex claim issues.
- Sends return to work forms, job descriptions, questionnaires, and other correspondence to employers, physicians, vocational counselors, Labor and Industries, and other stakeholders as needed.
- Escalates all failed return to work/KOS attempts to internal vocational management and group managers if vocational managers are unsuccessful.
- Prepares and collects work history forms from workers to obtain work activity dating back to age 18 or earliest employment. May also encourage Labor and Industries to obtain same for employer liability allocations, transferable skill analyses, strategic direction and development.
- Assists employers in identification of light duty return to work options.
- Prepares job offer letters on behalf of employers and advises employer on proper mailing.
- Actions are taken to prevent unnecessary delays and to sustain momentum of all parties bringing the case to closure.
- Evaluates medical findings to determine if claims meet occupational disease or industrial injury criteria and ensures time loss is paid only when objective medical findings are present to support payment.
- Assesses need for and utilizes resources including but not limited to MD Guidelines, AMA Guide to Disease and Injury Causation, Nurse Case Management, ERTW, internal and private sector vocational referrals, forensic medical and PCE reviews, etc.
- Reads and analyzes medical information and chart notes to determine if sufficient evidence exists to support treatment, wage replacement benefits, and PPD.
- Prepares files and referrals to external resources such as forensic medical reviews, PCE forensic reviews, investigators, attorneys, etc.
- Contacts medical providers verbally and in writing to obtain responses to job analyses and/or to obtain other medical information including treatment plans, objective findings, and other recommendations.
- Analyzes claim expenditures in comparison with plan selections to determine potential savings, generate and implement strategy to reduce unnecessary case reserves and open claims prior to retro and EMR adjustments.
- Participates and represents the employer in legal proceedings such as mediation and/or refers cases to internal and external legal services as needed and dependent upon contracted services.
- Collaborates with internal and external legal services and employer contacts through hearing process to ensure client is properly informed and advised.
- Participate in internal and external trainings pertaining to worker's compensation and skill enhancement.
- Refers employer to Director of Claims for employer human resource issues and concerns.

## **Secondary Responsibilities Include (but are not limited to):**

- Review and analyze employer account claim histories determining if kept on salary or light duty programs may benefit the employer.
- Provide employer with retro group management advice and leadership via phone and formal on site presentations including but not limited to detailed plans of action to improve retro and EMR performance including discussions of kept on salary and light duty benefits.
- Assists Vocational Managers with return to work efforts, collaborating with private sector VRC's, and the Department.
- Communicates with employer to sell light duty return to work outlining the benefits and protections of reasonably continuous light duty employment including employer education of time loss impact on premiums.
- Prepare light duty return to work details into job description or job analysis formats to be sent to medical providers for review
- Reviews job analyses for accuracy and determines if job analysis requires expert review
- Analyzes and forecasts employer performance
- Provides financial retro and EMR projections and may participate in meetings with GM and clients to communicate financial projections and collaborate regarding claim strategies
- Educates employer on benefits of loss control and safety supporting ERNwest loss control endeavors
- Contacts assigned employer accounts monthly to determine if assistance is needed and/or provide suggestions for improvement, direction, or to maintain contact and customer service when an employer doesn't have claims and regular contact.

## **Requirements:**

- Three to five years' experience in worker's compensation claim management, vocational rehabilitation, human resources, or retrospective rating services.
- Sufficient computer skills to manipulate and calculate data in spreadsheet and use common applications such as MS Word, Excel, Access, and web browsers.
- Maintain a valid Washington state driver's license.
- Maintain good driving record.
- Have physical capacity to drive up to two hours at a time and up to seven and a half hours per workday.
- Write and speak English fluently
- Present well, both in physical appearance and quality of presentation materials to business owners and other executive level employees of client companies.
- Provide excellent internal and external customer service to client companies, group managers, vocational providers, and other staff.
- Be self-directed and demonstrate ability to work in small and large teams.
- Ability to communicate well in person, via e-mail, and phone.

- Ability to identify, interpret, and appropriately apply WAC's, RCW's, and significant decisions to current cases.
- Ability to apply basic algebraic equations

**Preferred:**

- Completion of Labor and Industries Claims Training/Apprenticeship Program or WSIA Claim Training I & II
- Demonstrated ability to utilize technical writing skills and compose comprehensive legal type arguments via letter
- Completion of Bachelor's Degree