



Office of Human Resources
Medical Only Claims Adjuster - CA2362
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General Statement of Duties

Performs technical workers compensation work on medical only claims, performs case management of assigned on-going claims to achieve established goals, and determines and establishes reserves for medical expenses.

Distinguishing Characteristics

This class performs paraprofessional workers compensation work on medical only claims. This class is distinguished from the Claims Adjuster I class that performs entry level work assisting higher level personnel and training to examine, develop, and adjudicate liability claims against the City and claims for compensation and medical services under Colorado workers' compensation law. Additionally, the Claims Adjuster I primarily investigates and handles short duration, lower severity lost time claims. The Medical Only Claims Adjuster conducts no or very minimal investigation of the claim and focuses on administering medical benefits pursuant to Workers' Compensation law and rules.

The Medical Only Claims Adjuster is distinguished from the Claims Adjuster II class that performs full performance level work involving the examination, development, and adjudication of liability claims against the City and adjudication of claims for compensation and medical services under Colorado workers' compensation law. Additionally, the Medical Only Claims Adjuster class is distinguished from the Administrative Support Assistant IV class that performs specialized and/or technical office support work that requires detailed knowledge of the specialized/technical area.

Level of Supervision Exercised

None

Essential Duties

Coordinates the review, evaluation, and processing of workers compensation medical only claims filed against the city by monitoring, gathering relevant data, and calculating the cost of treatment required to bring a claim to closure.

Coordinates worker's compensation subrogation claims by determining if subrogation should be pursued, collects and reviews all necessary documentation, contacts all appropriate parties, sets up case files, and works in conjunction with the City Attorney's Office and/or the District Attorney's Office.

Performs day-to-day case management of claims, initiates contact with injured employees, confers with claimants, doctors, and other parties, obtains and reviews medical records and claim related correspondence, and determines appropriate action for each case.

Calculates medical and treatment costs to bring a claim to closure, establishes initial and on-going reserves for medical costs, and authorizes or denies payments.

Provides information to claimants, doctors, attorneys, and others regarding policies, requirements, and status of claims and interprets and explains rules, regulations, and procedures.

Maintain case notes and files in accordance with established procedures, prepares case reports, provides support and assistance to other worker' compensation staff, and performs other related risk management duties.

Performs other related duties as assigned.

Any one position may not include all of the duties listed. However, the allocation of positions will be determined by the amount of time spent in performing the essential duties listed above.

Competencies

Arithmetic – Performs computations such as addition, subtraction, multiplication, and division correctly using whole numbers, fractions, decimals, and percentages.

Attention to Detail – Is thorough when performing work and conscientious about attending to detail.

Interpersonal Skills – Shows understanding, friendliness, courtesy, tact, empathy, cooperation, concern, and politeness to others and relates well to different people from varied backgrounds and different situations.

Information Management – Identifies a need for and knows where or how to gather information; organizes and maintains information or information management systems.

Writing – Writes in a clear, concise, organized, and convincing manner for the intended audience.

Knowledge & Skills

Skill in independently adapting, interpreting, and applying written guidelines, precedents, and standardized work practices to a variety of unprecedented or problematic situations.

Education Requirement

Graduation from high school or the possession of a GED, HiSET or TASC Certificate.

Experience Requirement

Three (3) years of experience performing specialized/technical office support work.

Education & Experience Equivalency

Additional appropriate education may be substituted for the minimum experience requirements.

Licensure & Certification

None

Working Environment

Subject to pressure for multiple calls, inquiries, and interruptions.

Level of Physical Demand

1-Sedentary (0-10 lbs.)

Physical Demands

(Physical Demands are a general guide and specific positions will vary based on working conditions, locations, and agency/department needs.):

Sitting: remaining in the normal seated position.

Carrying: transporting an object usually by hand, arm, or shoulder.

Balancing: maintaining the body equilibrium to prevent falling over.

Reaching: extending the hand(s) and arm(s) in any direction.

Handling: seizing, holding, grasping, or otherwise working with hands.

Fingering: picking, pinching, or otherwise working with fingers.

Talking: expressing or exchanging ideas by means of spoken words.

Hearing: perceiving the nature of sounds by the ear.

Repetitive motions: making frequent movements with a part of the body.

Eye/hand/foot coordination: performing work through using two or more.

Near acuity: ability to see clearly at 20 inches or less.

Lifting: raising or lowering objects weighing no more than 10 pounds, from one level to another.

Background Check Requirement

Criminal Check

Employment Verification

Assessment Requirement

None

Probation Period

Six (6) months.

Class Detail

Pay Grade: A-614

FLSA Code: N

Established Date: 9/21/2018

Established By: LS

Revised Date:

Revised By:

Class History: