

Worker's Compensation Claims Representative
Position Description
October 2, 2014

14. POSITION SUMMARY:

Under limited supervision of the worker's compensation program manager and/or lead worker of the Bureau of State Risk Management, this position manages an assigned portion of standard worker's compensation medical claims and provides advanced clerical support as a major part of the claims management operations of the Wisconsin state self-funded worker's compensation (WC) program. The claims representative receives claims for compensation from State Agencies along with supporting evidence. The claims representative reviews medical records; all accident reports and witness statements to approve, suspend, or deny medical claims within the statutory guidelines laid out by Chapter 102. Following compensability determination, the claim representative will manage the claim in an effort to obtain an end of healing or maximum medical improvement. The claim representative will set accurate reserves, pay appropriate bills, request and review medical records and speak promptly and courteously on the phone with all customers inquiring about claim status. The claim representative will provide claim status to Agency Workers Compensation Coordinators, Human Resource Directors, Supervisors, Claimants, Attorneys, Physicians and other parties in a prompt and courteous fashion. In addition to handling medical worker's compensation claims, the claims representative is responsible for running daily and weekly claim financial reports, remitting checks and assisting with phone calls and questions regarding RMIS issues. Knowledge of bookkeeping and business mathematics, ability to do word processing and ability to analyze difficult problems and make independent judgments are required. The position also requires the ability to communicate on the telephone, to manipulate keyboards and calculator keys, to bend, squat, stoop, stretch on an occasional daily basis, and lift at least 20 pounds occasionally. The position also requires an ability to cope with meeting deadlines and consistently producing timely and accurate information. The position spends approximately 40% per day and occasionally 75%, working at a Video Display Terminal on a keyboard, and approximately 5-10% of each day on telephone calls.

15. GOALS AND WORKER ACTIVITIES:

- A. Provide claims management to assigned state agencies by reviewing, adjusting, and approving or denying worker's compensation claims and related payments. 50%**

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- A1. Analyze claims to determine causal relationship to work activities and coverage under worker's compensation law, and advise worker's compensation coordinators of decisions.
 - A2. Manage standard medical claims through appropriate case management, monitoring claims activities, and closing claims properly
 - A3. Request medical claim information from worker's compensation coordinators to enable determination of claim eligibility for benefits.
 - A4. Review, approve, and make timely payments for medical expenses.
 - A5. Answer inquiries from employes, providers, vendors and others about payment status.
 - A6. Accepts of denies medical claims, explaining reasons for each denial and the employee's right to appeal under WC law. Notify employers and providers of denials.
 - A7. Identify and take appropriate action on any medical or administrative barriers (red flags) which may prolong or increase costs of disability and medical treatment, or delay end of healing.
 - A8. Request, and assist claims examiners with, medical and chiropractic peer reviews, utilization reviews and independent medical evaluations, to determine appropriate treatment plans and payments.
 - A10. Constantly improve knowledge of medical terminology, medical care and treatment modalities, and advances in medical care and technologies. Successfully complete relevant workshops and seminars.
 - A11. Make periodic on-site agency visits to improve and maintain communications with assigned agencies. (Visits may require driving considerable distances within the state).
- B. Manage and audit the claims payment process and computerized claims management functions. 40%**

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- B1. Keep an accurate file of vendors. Input, update, and delete vendors on a regular basis, to ensure proper payment procedures.
- B2. Obtain W-9 tax identifications to up-date DOAS accounting and the vendor file on the Worker's Compensation Claims System (WCCS). Explain W-9 process to vendors and follow-up to assure W-9 is obtained, submitted to Finance, and corresponding bills are paid.
- B4. Assist with remit. Stop pay and reissue check procedures
- B5. Run daily reports including Vouchers, PBM and new claim report.
- B6. Generate a biweekly report to reconcile remittance transactions. Submit the appropriate documentation to Division of Administrative Services, for deposit of checks, and the State Treasury.
- B7. Assign and record voucher and register numbers on all payments and maintain accurate and complete records of payments.
- B8. Review weekly medical bill audit payment file and PBM weekly file and make corrections, update RMIS, make vendor payments, reconcile statements, and notify vendor of the corrections.

C. Management and development of program operations. 10%

- C1. Help agencies identify loss control problems and solutions and notify the Bureau's Safety and Loss Control Manager of agency loss control problems and programs.
- C2. Recommend improvements in claims management and other Bureau practices and procedures.
- C3. Perform other duties as required.

**DEPARTMENT OF ADMINISTRATION
 Division of Enterprise Operations
 Bureau of State Risk Management
 October 2014**

