Worker's Compensation Examiner – Entry Position Number: 320436
Position Description
September 2014

14. Position Summary

General: Under the close supervision of the Worker's Compensation Claims Manager of the Bureau of State Risk Management in the Department of Administration, this position independently manages an assigned portion of state employee worker's compensation disability claims as part of the claims management operations of the State's self-funded Worker's Compensation program. The program serves 74,000 employes incurring annual losses of approximately $25 million. The examiners receive claims for compensation and supporting evidence from over fifty state agencies and subdivisions. The position requires the application of a working knowledge of worker's compensation law, administrative rules, medical and legal terminology and hazardous duty disability (230.36) benefits. The examiner thoroughly investigates claims and makes a timely recommendation of liability, including contacting the employe, the supervisor, and the medical provider for information about the claim and taking recorded statements from injured employes. The examiner issues timely, appropriate worker's compensation disability and medical benefits and sets and maintains appropriate case reserves. The examiner investigates and evaluates medical and vocational treatment and services and recommends employing medical reviews, case management, medical bill auditing, and vocational resources. The examiner recommends and prepares requests for independent medical examinations as required. The examiner investigates cases for compliance with worker's compensation statutes, recommending use of private investigations, including video surveillance, and investigates potential fraud. The examiner evaluates the potential for third party lawsuits and notifies all parties of the state's subrogation interests. The examiner prepares draft responses to applications for hearings on disputed claims for review by the claims supervisor and to assist the Program's dispute resolutions manager.

The examiner works closely with each assigned agency's worker's compensation coordinator. The position requires the examiner to assist in the training of coordinators and provide guidance to other agency personnel. The examiner will assist agencies in the development of early return to work and transitional duty programs, striving to restore the injured worker to a pre-injury heath status and gainful employment.

15. Goals and Work Activities

40% A. Claims Management Responsibilities and Functions: The Worker's Compensation Claims Examiner is responsible for the management of claims involving compensable lost time, or permanent disability. All claim activity must be completed within the guidelines of the *Worker's Compensation Act of Wisconsin* and related administrative rules.

A1. Receives, interprets coverage, investigates, and evaluates facts for assigned claims. Identifies causal relationship between the injury or

illness and work activities and whether the injury or illness was within the scope of employment and recommends approval or denial of compensation for each claim. Promptly transmits letters of denial.

A2. Makes initial "three-point contacts" with the injured employee, medical provider, and supervisor to determine claim status; maintains contact with the agency coordinator, medical providers, supervisor, employe and other parties as appropriate to pro-actively manage each claim.

A3. Within narrow authority limits, establishes adequate indemnity, medical, and expense case reserves, and as claim circumstances change, adjusts reserves accordingly. (See attached authority levels).

A4. Gathers wage information from coordinators and computes accurate worker's compensation benefits. Issues timely payments as provided by law. (See attached authority levels).

A5. Interprets and evaluates medical reports to determine if applicable to claim; recommends use of medical utilization review and medical case management services; and recommends and prepares requests for independent medical examinations of injured employees.

A6. Forwards compensable medical bills promptly to MBA company and pays bills internally if required (travel, MCM, IME)

A7. Promptly prepares recommended answers to hearing applications in disputed cases, developing case summaries, and calculating case exposures. Participates on litigation teams (with the worker's compensation manager, and DOJ AAG to discuss case characteristics and litigation strategies, including potential settlements or trials.

A8. Refer cases to private vocational expert when Loss of Earning Capacity evaluations are necessary.

A9. Makes certain subrogation specialist has knowledge of cases where subrogation is a potential. Secure evidence needed in third party suits.

20% B. Manages claim administration

B1. Enter information required by DWD promptly into the DWD web.

B2. Maintain a consistent file count by closing claims when appropriate.

B3. Recommends claims investigation services from private services, including activity checks and surveillance. Assist with the investigation of potential fraudulent cases.

B4. Recommends use of claims services and monitors claims service vendor performance and approves and pays, or requests payment of, claims services invoices (investigations, case management, vocational assessments, etc.).

35% C. Provide training and support

C1. Assist in the training of agency coordinators with day to day claim information, as well as STARS Web training.

C2. Assist in the selection and evaluation of service vendors, including medical care managers, medical utilization review companies and vocational evaluators.

C3. Delegates and directs appropriate tasks to claim representatives and clerical support such as inputting and issuing benefits, paying medical bills and re-filing mail.

C4. Keeps supervisors informed of activities and problems within assigned area of responsibilities. Appropriately requests assistance, or refers matters beyond authority and expertise to supervisor or program manager.

C5. Continue actively pursuing self-development and training courses relating to the claims examiner job duties.

5% D. Other duties as assigned

D1. In the absence of co-workers, assist with the workload and telephone calls.

D2. Performs other related duties as required, or requested.

Knowledges, Skills, and Abilities:

- Effective written and verbal communication skills
- Excellent customer service skills
- Highly developed analytical and problem solving skills
- Strong organizational skills
- Ability to work independently and prioritize multiple work assignments
- Ability to understand and administer relevant laws, rules, regulations and policies and procedures pertaining to worker's compensation benefits
- Knowledge of requirements of employee return-to-work programs
- Ability to work well with diverse groups in a team environment
- Proficiency in Microsoft office products (Word, Excel, PowerPoint and Access).