

CLASS SPECIFICATION FOR
Claims Adjuster

GENERAL STATEMENT OF DUTIES: Coordinates and monitors the claims activity of several County benefit and insurance programs; does related work as required.

DISTINGUISHING FEATURES OF THE CLASS: The incumbent in this class is the prime investigator of the validity of employee benefit claims under the County's workers' compensation programs, as well as all property and liability claims under the County's self-insurance program. The Claims Adjuster recommends appropriate action to be taken, sees claims processing through to completion, maintains accurate case files and issues reports on general claims activity. This is full-performance claims processing work involving a considerable degree of individual responsibility and the exercise of discretionary judgment in carrying out related activities. An employee at this level is expected to work independently within established policies, procedures and insurance regulations. Problems may be referred to a supervisor for assistance. Work is performed under the general supervision of the Senior Claims Adjuster.

EXAMPLES OF WORK (illustrative only):

- Processes claims, computes benefits due and verifies applicable offsets;
- Processes payments under workers' compensation program, verifying work related injury, entering data into computer, reconciling payments with medical bills and computing benefit checks;
- Processes all liability and property damage claims filed against the County, determining the County's legal liability, verifying damages incurred, and paying claims as appropriate;
- Provides information to employees regarding workers' compensation programs;
- Meets with outside representatives and providers regarding benefits programs;
- Serves as contact for citizens wishing to file liability or property damage claims against the County;
- 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;
- Develops and maintains statistical monitoring system to provide management with utilization data;
- Assists in training employees about their benefits under the workers' compensation program;
- Enters all claims activity data into Risk Management computer system;
- Responds to inquiries from physicians, medical facilities, supervisors and employees regarding job related injuries and medical payments;
- Composes claims status reports, memoranda and other general claims activity correspondence;
- Does related work as required.

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES: Knowledge of Virginia Workers' Compensation Act and its application to claims processing; knowledge of claims adjustment for workers' compensation; 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; 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 records.

MINIMUM EDUCATION AND EXPERIENCE: Graduation from college with a bachelor's degree and two (2) years of experience in insurance claims handling OR, any equivalent combination of experience and training which provides the required knowledge, skills and abilities. Associate in Claims Certification is preferred.