

STATE OF OHIO (DAS)
CLASSIFICATION
SPECIFICATION

<u>CLASSIFICATION SERIES:</u> Workers' Compensation Claims Specialist
<u>MAJOR AGENCIES:</u> Bureau Of Workers Compensation only

<u>SERIES NO.:</u> 1672
<u>EFFECTIVE DATE:</u> 09/25/2011

SERIES PURPOSE:

The purpose of the workers' compensation claims specialist occupation is to adjudicate workers' compensation claims.

At the lowest level class, incumbents provide assistance to claims team, or provide on-line telephone assistance to injured workers, employers or medical providers.

At the middle levels, incumbents manage a caseload of medical claims & pay related medical bills, or manage caseload of lost-time disability claims &/or conduct field inquiries to accurately assess claims information & resolve disputed issues.

At the higher-level classes, incumbents supervise workers' compensation medical claims specialists or workers' compensation claims specialists & workers' compensation claims assistants, or supervise teams of workers' compensation claims specialists, assistants, case management specialists, industrial rehabilitation nurses & clerical staff.

Glossary:

V3: Version 3

This class series is restricted for use by the Bureau Of Workers' Compensation only.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>PAY GRADE</u>	<u>EFFECTIVE</u>
Workers' Compensation Claims Assistant	16720	28	02/05/1995

CLASS CONCEPT:

The entry level class works under immediate supervision & requires some knowledge of disability insurance claims policies & procedures in order to provide assistance to field claims team by ensuring all documents are complete, accurate & in compliance with bureau's procedures, reviewing claims to determine allowance using code manual ICD/CPT & taking necessary action on self-insured claims or referring documentation to member of claims team, reconstructing lost claim files, monitoring & managing caseload of self- insured medical & disability claims to ensure compliance with worker compensation law & researching hearing decisions on claims & updating claims folder on computer to reflect decision; or to provide assistance to medical claims team, or act as primary claims resource in specialized unit (e.g., applications processing; family support) by ensuring all documents are complete, accurate & in compliance with bureau procedures, referring documents to members of claims team for resolution of medical issues, assigning claim numbers, updating claim information, & monitoring & managing caseload of self-insured medical & disability claims to ensure compliance with workers' compensation law; or to function as primary claims resource within comp-line by providing on-line telephone assistance to injured workers, employers & medical providers.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>PAY GRADE</u>	<u>EFFECTIVE</u>
Workers' Compensation Medical Claims Specialist	16721	29	11/19/2000

CLASS CONCEPT:

The full performance level class works under general supervision & requires considerable knowledge of workers' compensation laws, policies & procedures & medical claims management procedures in order to manage caseload of medical claims & pay related medical bills.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>PAY GRADE</u>	<u>EFFECTIVE</u>
Workers' Compensation Claims Specialist	16722	30	3/11/2004

CLASS CONCEPT:

The advanced level class works under direction & requires thorough knowledge of workers' compensation laws, policies & procedures & disability claims processing procedures in order to manage caseload of workers' compensation lost-time disability claims &/or to conduct field inquiries to obtain information to accurately assess claims information & resolve disputed issues.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>PAY GRADE</u>	<u>EFFECTIVE</u>
WC Medical Claims Specialist Supervisor	16725	12	01/29/2001

CLASS CONCEPT:

The supervisory level class works under general direction & requires thorough knowledge of workers' compensation medical claims management procedures in order to supervise unit of medical claims specialists in claims management activities & monitor work for quality, accuracy & productivity.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>PAY GRADE</u>	<u>EFFECTIVE</u>
WC Claims Specialist Supervisor	16726	15	09/25/2011

CLASS CONCEPT:

The supervisory level class works under general direction & requires thorough knowledge of workers' compensation laws, policies & procedures & disability claims processing procedures in order to supervise customer service team having six (6) or more staff & comprised of workers' compensation specialists, but may also include workers' compensation claims assistants, case management specialists, industrial rehabilitation nurses &/or clerical staff;

OR

Supervise two (2) or more employees in positions classified as Workers' Compensation Medical Claims Specialist Supervisor, 16725;

OR

In disabled workers relief fund unit, supervise one (1) claims team of two (2) or more claims ~~specialist~~ specialists & related clerical support staff in managing lost time claims.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>B. U.</u>	<u>EFFECTIVE</u>	<u>PAY GRADE</u>
Workers' Compensation Claims Assistant	16720	09	02/05/1995	28

JOB DUTIES IN ORDER OF IMPORTANCE: (These duties are illustrative only. Incumbents may perform some or all of these duties or other job-related duties as assigned.)

In CompLine, provides on-line telephone assistance to injured workers, employers & medical providers;

OR

In claims field operations, provides assistance to claims team by ensuring all documents are complete, accurate & in compliance with bureau procedures, reviewing claims to determine allowance using code manual ICD/CPT & taking appropriate action on self-insured claims or referring documents to claims team member for further action, reconstructing lost claim files, monitoring & managing caseload of self-insured medical & disability claims to ensure compliance with workers' compensation law, researching hearing decision on claims & updating claim folder or computer to reflect decision;

OR

In medical claims, provides assistance to claims team or functions as primary claims resource within specialized unit (applications processing; family support) by ensuring all documents are complete, accurate & in compliance with bureau procedures, referring documents to member of claims team for resolution of outstanding medical issues, assigning claim numbers, updating claim information & monitoring & managing caseload of self-insured medical & disability claims to ensure compliance with workers' compensation law.

Answers inquiries & screens & directs calls/visitors to specific teams; provides assistance to public at service office counter; creates new claim files; obtain necessary claim filing information & ensures all documents are complete, accurate & in compliance.

Verifies employer coverage through use of computer system; researches information on computer system & contacts/informs other BWC departments when appropriate; contacts appropriate persons to obtain missing information necessary to input & update claims information; operates computer to input information, verify claimant information, assign new claim numbers & complete application.

Carries out related duties as required, such as gathering required documentation for preparation of daily, weekly & monthly status reports for supervisor; completes routine forms & prepares standard reports; photocopies documents for hearings; assists in file room as needed.

MAJOR WORKER CHARACTERISTICS:

Knowledge of addition, subtraction, multiplication, division, fractions, decimals & percentages; ICD/CPT codes, BWC/IC policies & procedures & ORC rules & regulations*; applicable state &/or federal regulations governing documents processed, reviewed &/or prepared*; public relations. Skill in operation of pc to efficiently log & enter data. Ability to solve practical, everyday problems; gather, collate & classify information about data, people or things; handle routine inquiries from & contacts with injured workers, employers, legislators, providers or their representatives & public; complete routine forms & prepare standard reports.

(*)Developed after employment.

MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:

2 courses or 6 mos. exp. in English composition or grammar; 2 courses or 6 mos. exp. in accounting, bookkeeping or general math; 2 courses or 6 mos. exp. in communication or public speaking or 6 mos. exp. in a position involving receiving & responding to public inquiries or complaints or involving contact with injured workers, employers, legislators, providers or their representatives & public; successful completion of one typing course or demonstrate ability to type 35 words per minute.

Note: Classification may require use of proficiency demonstration to determine minimum class qualifications for employment.

-Or equivalent of Minimum Class Qualifications For Employment noted above.

TRAINING AND DEVELOPMENT REQUIRED TO REMAIN IN THE CLASSIFICATION AFTER EMPLOYMENT:

Not applicable.

UNUSUAL WORKING CONDITIONS:

Not applicable.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>B. U.</u>	<u>EFFECTIVE</u>	<u>PAY GRADE</u>
Workers' Compensation Medical Claims Specialist	16721	09	11/19/2000	29

JOB DUTIES IN ORDER OF IMPORTANCE: (These duties are illustrative only. Incumbents may perform some or all of these duties or other job-related duties as assigned.)

Manages caseload of medical-only claims, makes decisions to allow or deny medical-only claims, in conjunction with claims team members when necessary, verifies & resolves appropriateness of medical treatment & charges, pre-authorizes medical treatment, equipment, supplies & special travel arrangements needed to obtain care, gathers information to develop, negotiate & implement plans to contain/reduce medical &/or indemnity costs incurred, researches & authorizes settlement of claim where appropriate, & identifies & refers cases of alleged/suspected fraud to fraud unit.

Performs maintenance of claims (e.g., enters claims data into automated claims information system &/or paper file, verifies propriety of claim, performs on-line exam entry of medical invoices, enrolls providers for assigned claims & resolves claim-related edits through automated information system); prepares orders; adjusts previously awarded benefits (e.g., debits, credits, adjustments) as necessary; resolves suspended medical invoices; pays all types of medical claims; determines appropriate fee for surgery/hospital bills; prepares statement of facts for claims folder; documents all claims transactions & activity & daily production &/or claims diary system; completes progress reports; prepares claims for hearing & completes required actions when returned; represents or provides information at hearings regarding BWC claims.

Conducts inquiries required to obtain information to accurately assess medical issues & resolve disputed charges; establishes & maintains contact, in person or by telephone, with all interested claims parties to determine extent of injury, verifies medical treatment & charges, pre-authorizes treatment, equipment & supplies, special travel arrangements, amount of claim reserve & to resolve disputed issues.

Provides information/support to team members; explains BWC policies & procedures to health care providers.

MAJOR WORKER CHARACTERISTICS:

Knowledge of workers' compensation policies & procedures, laws & regulations governing adjudication & management of medical claims*; English; oral & written business communication; public relations; interviewing techniques; principles of customer service; fundamental mathematics (e.g., addition, subtraction, multiplication, division, fractions, decimals & percentages); standard business practices. Skill in operating keyboard; operation of personal computer*. Ability to communicate effectively & professionally with injured workers, employers, legislators, providers or their representatives & public; read & understand medical reference manuals; define problems, collect data, establish facts & draw valid conclusions; write clear, concise & professional correspondence & reports.

(*)Developed after employment.

MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:

3 courses or 9 mos. trg. or 9 mos. exp. in English composition or grammar; 3 courses or 9 mos. trg. or 9 mos. exp. in accounting, bookkeeping or general business mathematics; 3 courses or 9 mos. trg. or 9 mos. exp. in communication or public speaking or 9 mos. exp. involving contact with injured workers, employers, legislators, providers or their representatives & public; successful completion of one typing course or demonstrate ability to type 35 words per minute.

-Or 12 mos. exp. as Workers' Compensation Claims Assistant, 16720, (i.e., providing assistance to claims field operations team or medical claims team by ensuring all documents are complete, accurate & in compliance with bureau of workers' compensation procedures, determining allowances using code manual ICD/CPT & taking appropriate action on self-insured claims or referring documents for further action by claims team member, reconstructing lost claim files or assigning claim numbers & updating claim information & managing caseload of self-insured medical & disability claims to ensure compliance with Ohio Workers' Compensation Law).

-Or 12 mos. exp. as BWC Customer Service Representative, 64451, (i.e., providing information/assistance to &/or answering complaints, questions &/or telephone inquiries &/or written correspondence from customers pertaining to claims status or procedures, reviewing & analyzing claims, referring customers to available community services, & conducting telephone interviews with citizens reporting fraud allegations).

Note: Classifications may require use of proficiency demonstration to determine minimum class qualifications for employment.

-Or equivalent of Minimum Class Qualifications For Employment noted above.

TRAINING AND DEVELOPMENT REQUIRED TO REMAIN IN THE CLASSIFICATION AFTER EMPLOYMENT:

Not applicable.

UNUSUAL WORKING CONDITIONS:

Requires travel.

JOB TITLE	JOB CODE	B. U.	EFFECTIVE	PAY GRADE
Workers' Compensation Claims Specialist	16722	09	3/11/2004	30

JOB DUTIES IN ORDER OF IMPORTANCE: (These duties are illustrative only. Incumbents may perform some or all of these duties or other job-related duties as assigned.)

Manages caseload of workers' compensation lost-time disability claims, makes decisions to allow or deny claim, in conjunction with claims team members as necessary, verifies & resolves appropriateness of medical treatment & charges, pre-authorized medical treatment, equipment, supplies & special travel arrangements needed to obtain care, gathers information to develop, negotiate & implement return-to-work plans to contain/reduce medical &/or indemnity costs incurred, researches & authorizes, negotiates & issues settlement of claim where appropriate &/or conducts field inquiries required to obtain information to accurately assess claim information & resolve disputed issues (e.g., interviews, witnesses, physicians, employers & injured workers to determine compensability & appropriate benefit level; completes diagrams), waives two-week waiting period & may authorize benefit check under BWC policy immediately following various types of accidents & identifies & refers cases of alleged/suspected fraud to fraud unit.

Establishes & maintains contact in person, by telephone or through correspondence with all interested parties (e.g., injured worker, employers, legislators, health care providers, attorney/representatives) upon claim assignment to obtain information required to determine compensability, extent of injury & extent/duration of disability, amount of claim reserve, return to work possibilities & to resolve disputed issues.

Performs maintenance of claims (e.g., enters claim information & coding into automated claims information system; prepares orders; sets wages; adjusts previously awarded benefits; resolves suspended medical invoices, pays compensation for all types of lost-time claims) documents all claims transactions & activity in daily production &/or claims diary system; completes progress reports; prepares claims for hearing & completes required actions when returned; represents or provides information at hearing proceedings regarding BWC claims when assigned.

Provides information/support to team members; explains BWC policies, procedures & processes to BWC customers; makes presentations to BWC customers through seminars & workshops when assigned.

MAJOR WORKER CHARACTERISTICS:

Knowledge of workers' compensation laws, policies & procedures*; eligibility criteria & procedures used for processing workers' compensation claims*; English grammar; oral & written business communication; public relations; addition, subtraction, multiplication, division, fractions, decimals & percentages. Skill in use of video display terminal or personal computer*; operating keyboard. Ability to define problems, collect data, establish facts & draw valid conclusions; read & understand medical reference manuals; write meaningful, accurate & concise reports; gather, collate & classify information about data, people or things; respond to sensitive inquiries from & contacts with injured workers, employers, legislators, providers or their representatives & public.

(*)Developed after employment.

MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:

Completion of undergraduate core coursework in business, humanities, social & behavioral science, education or related field; successful completion of one typing course or demonstrate ability to type 35 words per minute.

-Or 36 mos. exp. working in private insurance organization as claims representative or equivalent position; successful completion of one typing course or demonstrate ability to type 35 words per minute.

-Or 24 mos. exp. as Workers' Compensation Claims Assistant, 16720 (i.e., providing assistance to claims field operations team or medical claims team by ensuring all documents are complete, accurate & in compliance with bureau of workers' compensation procedures, determining allowances using code manual ICD/CPT & taking appropriate action on self-insured claims or referring documents for further action by claims team member, reconstructing lost claim files or assigning claim numbers & updating claim information, & managing caseload of self-insured medical & disability claims to ensure compliance with Ohio Workers' Compensation Law).

-Or 24 mos. exp. as BWC Customer Service Representative, 64451, (i.e., providing information/assistance to &/or answering complaints, questions &/or telephone inquiries &/or written correspondence from customers pertaining to claims status or procedures, reviewing & analyzing claims, referring customers to available community services, & conducting telephone interviews with citizens reporting fraud allegations) &/or as BWC Employer Service Representative, 63521, (i.e., providing information & assistance &/or responding to complaints, questions & inquiries from customers

regarding workers' compensation coverage, established binder/applications maintenance, demographics, supplemental & legal entities, manual classifications, debits/credits & payroll reports &/or various BWC programs & research & explain employer refunds, attorney general balances, payments made to policies &/or divided credits).

-or 12 mos. exp. as Workers' Compensation Medical Claims Specialist, 16721 (i.e., managing caseload of medical-only claims & paying medical claims for Ohio Bureau Of Workers' Compensation).

-or any combination of at least 36 mos. exp. working in private insurance organization as claims representative or equivalent position &/or as Workers' Compensation Claims Assistant, 16720 &/or as Workers' Customer Service Representative, 64451 &/or as Workers' Compensation Employer Service Representative, 63521.

-Or equivalent of Minimum Class Qualifications For Employment noted above.

Note: Classification may require use of proficiency demonstration to determine minimum class qualifications for employment.

TRAINING AND DEVELOPMENT REQUIRED TO REMAIN IN THE CLASSIFICATION AFTER EMPLOYMENT:

Not applicable.

UNUSUAL WORKING CONDITIONS:

Requires travel.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>B. U.</u>	<u>EFFECTIVE</u>	<u>PAY GRADE</u>
WC Medical Claims Specialist Supervisor	16725	EX	01/29/2001	12

JOB DUTIES IN ORDER OF IMPORTANCE: (These duties are illustrative only. Incumbents may perform some or all of these duties or other job-related duties as assigned.)

Supervises claims team of up to 14 medical claims specialists, manages, coordinates & refers claims issues to medical staffing, determines adequacy & extent of medical staffing required &/or coordinate adjustments to claims devises & oversees implementation of new handling guidelines &/or claims management procedures to ensure compliance with applicable state, federal & BWC laws, rules & regulations, conducts review of case assignments & monitors quality, accuracy & productivity of assignments, prepares reports to assist management in control of operations, reviews pending cases assigned to each claims specialist & monitors compliance with established performance guidelines (e.g., quality, accuracy; timeliness), identifies problem areas (e.g., authorization of inappropriate medical treatment; improper or insufficient medical documentation), responds orally &/or in writing to requests by injured workers, managed care organizations, providers, legal representatives & employers involving varied subjects (e.g., benefits; return to work dates; policy issues), identifies & coordinates resolution of complex claims (e.g., temporary total; wage loss; scheduled loss & settlement), administers work rules in accordance with collective bargaining agreements, administers or recommends disciplinary action for staff members, devises, implements, monitors & maintains effective distribution of work assignments & initiates inner office coordination to insure delivery of superior customer service.

Investigates & responds to legislative inquiries within agency timeframes; coordinates & completes administrative projects designed to improve efficient management of data resources utilized for claim processing (e.g., manual numbers; date of death; social security numbers; date of injuries; duplicate claims; correspondence & claim settlements); reviews, evaluates & develops new & existing policies & procedures; designs & implements new & improved work flow, (e.g., imaging; indexing; paperless programs); develops & conducts training programs to include new system releases, policy changes, departmental work flow & "on the job" training for new staff members; recommends staff for appropriate outside classes &/or seminars.

Represents department in intra-agency meetings & workgroups (e.g., dolphin project; V3 partners; V3 (i.e., Version 3) correspondence review committee; V3 diary committee; systems business management team; imaging paperless committee). Anticipates departmental & customer needs & develops new & innovative programs to address changing customer needs. Identifies computer enhancements &/or errors necessary to insure maximum production & accuracy, assists in system testing of program changes & implementation to insure proper functioning & feasibility. Routinely schedules employer visits to discuss outstanding claim issues, explain recent changes & identify & implement workflow changes.

Serves as office manager in his/her absence, which entails but is not limited to attending executive level meetings; participates in various training seminars (e.g., monthly quality forums; staff retreats).

MAJOR WORKER CHARACTERISTICS:

Knowledge of workers' compensation laws, policies & procedures governing adjudication & management of workers' compensation medical claims*; supervisory principles/techniques*; employee training & development; English grammar; oral & written business communication; public relations; fundamental mathematics (i.e., addition, subtraction, multiplication, division, fractions, decimals & percentages); standard business practices; principles of customer service. Skill in use of video display terminal or personal computer*. Ability to define problems, collect data, establish facts & draw valid conclusions; read & understand medical reference manuals; write meaningful, accurate & concise reports; gather, collate & classify information about data, people or things; responds to sensitive inquiries from & contacts with claimants, employers & health care providers.

(*)Developed after employment.

MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:

Completion of undergraduate program core coursework in business administration or related field of study.

-Or 24 mos. exp. in private insurance organization as claims representative, nurse, or rehabilitation specialist; 6 mos. exp. providing work direction to claims processing staff.

-Or 24 mos. exp. in managing medical-only &/or lost-time claims, serving as primary decision maker to include making initial determination of claim, having overall responsibility & accountability of claims & management of claims to desired outcome.

-Or 24 mos. exp. in supervisory level position within Ohio Bureau Of Workers' Compensation, 12 mos. of which involved telephoned, in-person &/or written contact with providers, claimants, employees, public officials, attorneys &/or general public to provide information & answer inquiries concerning various operations, services &/or policies & procedures of agency.

-Or equivalent of Minimum Class Qualifications For Employment noted above.

TRAINING AND DEVELOPMENT REQUIRED TO REMAIN IN THE CLASSIFICATION AFTER EMPLOYMENT:

Not applicable.

UNUSUAL WORKING CONDITIONS:

Not applicable.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>B. U.</u>	<u>EFFECTIVE</u>	<u>PAY GRADE</u>
WC Claims Specialist Supervisor	16726	EX	09/25/2011	15

JOB DUTIES IN ORDER OF IMPORTANCE: (These duties are illustrative only. Incumbents may perform some or all of these duties or other job-related duties as assigned.)

Supervises customer service team having six (6) or more staff & comprised of workers' compensation claims specialists, but may also include workers' compensation claims assistants, case management specialists, industrial rehabilitation nurses &/or clerical staff;

OR

In central region or medical management/cost containment department, supervises two (2) or more employees in positions classified as Workers' Compensation Medical Claims Specialist Supervisor, 16725, in processing disability claims for allowance of workers' compensation benefits, designs & oversees implementation of new or revised claims procedures to ensure compliance with applicable state, federal & agency laws, rules & regulations, monitors claims processing activity for quality, accuracy & productivity, identifies problem areas & takes actions to resolve situations & provides for training needs of staff;

OR

In disabled workers relief fund unit, supervises one (1) claims team consisting of two (2) or more claims specialists & related clerical support staff in managing lost time claims.

Coordinates resolution of special, difficult & complex claims issues, guarantees proper attention is afforded claimants & identifies claims requiring vocational intervention;

OR

Devises & oversees implementation of new handling guidelines &/or claims management procedures to ensure compliance with applicable agency, state & federal laws, rule & guidelines; conducts review of case assignments & monitors quality, accuracy & productivity; coordinates resolution of lost time claims issues.

Maintains daily, weekly & monthly management reports; reviews overall office performance evaluations, selection, training & promotion of staff.

MAJOR WORKER CHARACTERISTICS:

Knowledge of supervisory principles/techniques; employee training & development; workers' compensation laws, policies & procedures; eligibility criteria & procedures used for processing workers' compensation claims; English grammar; oral & written business communication; public relations; addition, subtraction, multiplication, division, fractions, decimals & percentages. Skill in use of video display terminal or personal computer*. Ability to define problems, collect data, establish facts & draw valid conclusions; read & understand medical reference manuals; write meaningful, accurate & concise reports; gather, collate & classify information about data, people or things; responds to sensitive inquiries from & contacts with claimants, employers & health care providers.

(*Developed after employment.

MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:

Completion of undergraduate core program in business administration, public administration, human resources, finance, economics, nursing, social work, human service field (e.g., rehabilitation counseling) or related field; 12 mos. exp. in providing rehabilitation &/or medical expertise in managing workers' compensation claim (e.g., develop return to work plans; provide medical opinion; recommend, monitor & review medical treatment & determinations; provide job development training or career counseling enabling injured workers to return to work force), or 12 mos. exp. managing workers' compensation lost-time claims &/or medical-only claims serving as primary decision maker to include making initial determination of claim, having overall claim responsibility & accountability of claim & management of claim to desired outcome, or 12 mos. exp. supervising lower-level claims staff in managing medical only claims, or 12 mos. exp. in supervisory level position within Ohio Bureau Of Workers' Compensation which involved telephoned, in-person &/or written contact with providers, claimants, employers, public officials, attorneys &/or general public to provide information & answer inquiries concerning various operations, services &/or policies & procedures of agency.

-Or 24 mos. trg. or 24 mos. exp. in private insurance organization as claims representative, nurse or rehabilitation specialist; 12 mos. trg. or 12 mos. exp. providing work direction to claims processing staff.

-Or 36 mos. exp. in supervisory-level position within Ohio Bureau Of Workers' Compensation, 24 mos. of which involved telephoned, in-person &/or written contact with providers, claimants, employers, public officials, attorneys &/or general public to provide information & answer inquiries concerning various operations, services &/or policies & procedures of agency.

-Or 36 mos. trg. or 36 mos. exp. in providing rehabilitation &/or medical management expertise in managing claims (e.g., develop return to work plans; provide medical opinion; recommend, monitor &/or review medical treatment & determinations; provide job development training or career counseling enabling injured workers to return to work force).

-Or 36 mos. exp. managing medical-only &/or lost-time claims, serving as primary decision maker to include making initial determination of claim, having overall responsibility & accountability of claim & management of claim to desired outcome.

-Or equivalent of Minimum Class Qualifications For Employment noted above.

TRAINING AND DEVELOPMENT REQUIRED TO REMAIN IN THE CLASSIFICATION AFTER EMPLOYMENT:

Not applicable.

UNUSUAL WORKING CONDITIONS:

Not applicable.