

STATE OF OHIO (DAS)CLASSIFICATION
SPECIFICATION**CLASSIFICATION SERIES:**

Technical Claims Specialist

SERIES NO.:

6332

MAJOR AGENCIES:

Bureau of Workers Compensation

EFFECTIVE DATE:

03/07/2004

SERIES PURPOSE:

The purpose of the technical claims specialist occupation is to provide technical support & expertise in areas of workers' compensation claims processing & policy development.

At the lower level, incumbents provide training, technical assistance & advice to claims personnel & rehabilitation staff in one or more assigned regions or across state &/or engage in projects to support & implement momentums effecting claims management & related customer service in local customer service centers &/or engage in projects designed to facilitate quality claims handling statewide & implement legislative & agency directives affecting claims management & processing &/or act as technical advisor for assigned region or on overall regional rehabilitation operational policies, guidelines & procedures.

At the higher level, incumbents manage all activities & supervise technical claims specialists &/or technical medical specialists engaged in implementation of momentums effecting claims management & related customer service &/or engaged in projects designed to facilitate quality claims processing & implement legislative & agency directives affecting claims management & processing.

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

CLASS TITLE:

Technical Claims Specialist

CLASS NUMBER:

63321

EFFECTIVE DATE:

11/25/01

CLASS CONCEPT:

The advanced level class works under direction & requires thorough knowledge of workers' compensation claims processing procedures in order to provide technical advice & recommendations to local customer service offices regarding claims management & ensure consistency of claims processing within given region(s) or across state &/or to act as technical advisor for assigned region regarding claims processing system development & as technical problem solver &/or to assist in developing & implementing plans & support policies, model changes, & other momentums effecting claims management & related customer service &/or to research, analyze & draft best practice claims reduce/eliminate statewide inconsistencies in claims management practices &/or to act as sole technical advisor on overall rehabilitation operational policies, guidelines & procedures & most difficult/complex rehabilitation cases/issues, perform quality audit functions & oversee rehabilitation development.

CLASS TITLE:

Technical Claims Manager

CLASS NUMBER:

63325

EFFECTIVE DATE:

03/07/2004

CLASS CONCEPT:

The managerial level class works under general direction & requires extensive knowledge of management & workers' compensation claims processing procedures in order to direct & manage activity & supervise technical claims specialist &/or technical medical specialists engaged in implementation of plans & draft policies, procedures, model changes & other momentums effecting claims management &/or claims processing related customer service statewide &/or projects designed to facilitate quality claims processing statewide & implement legislative & agency directives affecting claims management & processing &/or acting as technical advisor on claims management/claims processing &/or rehabilitation.

CLASS TITLE: Technical Claims Specialist	CLASS NUMBER: 63321	BARGAINING UNIT: EX
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EFFECTIVE DATE:
01/05/1997

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.)

Provides technical advice & recommendations to local customer service offices regarding claims management & ensures consistency of claims processing within given region(s) or across state & acts as technical advisor on claims policy & design to include determining impact of laws, rules, statutes, & case law to enhance current &/or writes new policies, procedures & guidelines;

&/OR

Acts as technical advisor for assigned region regarding claims processing system development, & as technical problem solver (e.g., conducts/attends biweekly meetings to review problems & status of project implementation; reviews detail design of changes & if project budget is sufficient; recommends changes in claims policy to facilitate delivery of services; conducts investigation & analysis of trends & patterns of claim problems; analyzes management reporting for claims division to determine programmatic errors & trends in production; prepares executive summary of trends; designs changes for management reports & recommends new reporting tools; solicits test groups to implement new releases for management reporting & security levels);

&/OR

Assists in developing & implementing plans & support policies, model changes & other momentums effecting claims management & related customer service (e.g., provides input & technical expertise in development of BWC laws, rules, mandates, training program, systems implementation, project development & issues impacting claims division, & developing strategies & programs to meet needs; develops methods of evaluation & follow-up of changes implemented in service offices; assesses impact of changes on customers; develops strategies for presentation of changes through seminars, technical training, communications, & meetings with various levels of management);

&/OR

Researches, analyzes & drafts best practice claims processing policy & procedures for statewide publications to reduce/eliminate statewide inconsistencies in claims management practices (e.g., researches & identifies inconsistencies; benchmarks industry standard & identifies best practices; drafts & circulates documents for review & input by key personnel; develops claims management reference guide for customer service teams);

&/OR

Acts as sole technical advisor on overall regional rehabilitation operational policies, guidelines & procedures, advises regional rehabilitation staff regarding most difficult/complex rehabilitation cases/issues, performs quality audit functions to report progress & compliance with policies & procedures & oversees rehabilitation development;

&/OR

Conducts service office visits to review & evaluate claims processing policies & procedures (e.g., identifies policy & training needs; audits/reviews claim files for quality & consistency in claim processing) & assists in development of corrective action plan or conducts in-house review/audit of claims files to assess compliance & identify recurring & complex claims handling problems or manages implementation of projects affecting legal or operational changes in customer service offices, conducts special projects, makes presentations & visits employers, injured workers & medical providers to address concerns, answer questions, train & obtain data to assist in claims processing; trains managers & supervisors; attends leadership meetings; researches & responds to inquiries; operates video display terminal &/or personal computer to enter &/or retrieve data &/or generate reports.

MAJOR WORKER CHARACTERISTICS:

Knowledge of workers' compensation laws, policies & procedures; eligibility criteria & workers' compensation claims processing procedures; medical terminology; accounting; auditing; employee training & development; public speaking or effective communication skills; insurance claim management & negotiation techniques. Skill in operation of video display

terminal or personal computer*. Ability to deal with many variables & determine specific action; write instructions, specifications & technical manuals regarding operations policy & procedures; gather, collate, classify, analyze & interpret information about data, people or things; handle sensitive & confidential inquiries & contacts.

(*)Developed after employment.

MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:

Completion of undergraduate core program in business administration, public administration, insurance, risk management, education, communication, social or behavioral science, nursing or health administration (e.g., rehabilitation counseling) or related field of study; 1 course or 3 mos. exp. in auditing principles & procedures; 1 course or 3 mos. exp. in employee training & development; 1 course or 3 mos. exp. in speech &/or oral communication or public speaking; 1 course or 3 mos. exp. in business/professional writing, English composition, or written communication.

-Or 2 yrs. trg. or 2 yrs. exp. in adjusting insurance claims or medical case management in insurance-related field, or rehabilitation case management in insurance related field; 1 course or 3 mos. exp. in employee training & development; 2 courses or 6 mos. exp. in public speaking or communication skills; 1 course or 3 mos. exp. in business/professional writing, English composition or written communication.

-Or 36 mos. exp. as supervisor within Ohio Bureau of Workers' Compensation responsible for implementation, evaluation & monitoring of technical programs (e.g., new or revised claims processing program, programs to identify & deter fraudulent claims activity, premium discount program).

-Or 36 mos. exp. managing lost-time claims &/or medical-only 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:

May require travel.

CLASS TITLE: Technical Claims Manager	CLASS NUMBER: 63325	BARGAINING UNIT: EX
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EFFECTIVE DATE:
03/07/2004

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.)

Directs & manages activity & supervises technical claims specialists &/or technical medical specialists engaged in implementation of plans & drafts policies & procedures model changes & other momentums effecting claims management & related customer service statewide &/or supervises technical claims specialists & other personnel engaged in projects designed to facilitate quality claims processing statewide & implement legislative & agency directives affecting claims management & processing, & develops internal audit procedures & performance standards for claims processing staff, manages regional claims training program, evaluates effectiveness of training courses & revises curriculum as needed.

Develops & maintains contact & effective liaison with public officials, private industry, employees, general public & other BWC policies & procedures in need of revision & to discuss formulation or revision of claims policy & other issues affecting quality of claims management practices & principles; develops & implements strategies to integrate training, communication & issue resolution &/or coordinates policy implementation schedules with regional management staff; interprets policy & discusses areas of disagreement; meets with private insurance executives to keep abreast of industry standards; participates in professional associations.

Operates personal computer to retrieve/input data &/or generate reports; arranges regional meetings for policy discussion & to ensure consistent application of principles; assesses regional compliance with existing policies & findings of internal audits & implements necessary corrective action; reviews audit findings of self-insured audits; assists with development of business plans to meet compliance standards; reviews sensitive reports & legislation for critical impacts; creates & presents complex reports & proposals as requested by senior & executive management.

MAJOR WORKER CHARACTERISTICS:

Knowledge of supervisory principles/techniques; management; workers' compensation laws, policies & procedures; eligibility criteria & workers' compensation claims processing procedures; health care coverage & reimbursement techniques; business, public or health care administration; cost containment measures; statistical analysis; medical terminology; accounting; auditing; employee training & development; insurance claim negotiation & settlement techniques. Skill in operation of video display terminal or personal computer*. Ability to deal with many variables & determine specific action; write instructions, specifications & technical manuals regarding operations policy & procedures; gather, collate & classify information about data, people or things.

(*)Developed after employment.

MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:

Completion of undergraduate core program in business or public administration, finance, accounting, insurance & risk management, health care administration or related field of study; 24 mos. trg. or 24 mos. exp. in internal/external auditing, quality assurance or strategic planning; 24 mos. trg. or 24 mos. exp. in preparing or delivering informational or instructional programs; 24 mos. exp. in adjusting, analyzing or developing insurance policy related to claims &/or medical issues.

-Or 24 mos. exp. as Technical Claims Specialist, 63321, Technical Medical Specialist, 63352, or similar position in private insurance company.

-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:

May require travel.