

New York State Department of Civil Service
DIVISION OF CLASSIFICATION & COMPENSATION

Tentative Classification Standard

Occ. Code 6812100

Claims Services Representative 1, Grade 18	6812100
Claims Services Representative 2, Grade 23	6812200
Claims Services Representative 3, Grade 25	6812300
Claims Services Representative 4, Grade 27	6812400
Assistant Director Compensation Claims & Medical Administration, M-4	6813850
Associate Director Compensation Claims & Medical Administration, M-5	6813880
Director Compensation Claims & Medical Administration, M-6	6813900

Brief Description of Class Series

Positions in this title series process Workers' Compensation or Disability Benefits including Paid Family Leave claims filed with the New York State Insurance Fund (NYSIF). Incumbents examine accident and medical reports to determine compensability and liability; analyze claims records and initiate proper processing procedures; examine medical bills and authorize payment; and negotiate an adjustment or recommend arbitration.

These positions are found only at the New York State Insurance Fund.

Distinguishing Characteristics

Claims Services Representative 1: full performance level; oversees all aspects of workers' compensation claims processing; provides assistance to claimants, medical care providers, and policyholders on workers' compensation claims.

Claims Services Representative 2: first supervisory level; supervises claims operations for an assigned unit; advises subordinate claims staff on the more difficult, sensitive, controversial, and/or high-cost claims; coordinates and reviews the team's assigned accounts and/or caseloads.

Claims Services Representative 3: second-level supervisor; coordinates claims activities across multiple units to ensure consistency among staff; negotiates settlements in the most significant medical and financial cases.

Claims Services Representative 4: managerial level; supervises multiple claims units led by Claims Services Representatives 3, and coordinates assignments; provides support to management.

Assistant Director Compensation Claims & Medical Administration: assists Associate Directors Compensation Claims & Medical Administration with directing the claims and medical administration program.

Associate Director Compensation Claims & Medical Administration: assists the Director Compensation Claims & Medical Administration with directing the claims and medical administration program; oversees multiple Claims Department sections.

Director Compensation Claims & Medical Administration: one-position class; directs the Claims and Medical Administration Department.

Illustrative Duties

Claims Services Representative 1: reporting to a Claims Services Representative 2, oversees all aspects of workers' compensation claims processing from inception to closing; reviews individual claims for workers' compensation and determines claimant's eligibility for benefits; initially determines the compensability of claims by examining medical reports from physicians, hospitals, and medical labs; files appropriate documentation with the Workers' Compensation Board (WCB); clarifies any issues either by written or telephone communication with claimants and employers; establishes the adequacy of medical information and documentation to determine the extent of the claimant's work-related disability; calculates and adjusts reserves consistent with case analysis over the anticipated life of the claim; recommends cases for appeal to the WCB; negotiates lump sum settlements; handles depositions when an agreement cannot be reached with a claimant's attorney; reviews facts of disputed cases to determine the legal basis of controversy; obtains pertinent vocational information from employers and safety groups; reviews payroll records to calculate claimants' average weekly wages and compensation rates; issues payments and requests for reimbursement where claims for supplemental benefits are involved; reviews awards to ensure the correct recipient and rate of compensation; schedules or waives medical examinations as necessary; alerts Claims Services Representatives 2 if fraud is suspected and arranges for surveillance before and after an independent medical exam; analyzes medical bills to determine causality, levels of treatment, necessity for treatment, appropriateness of fees and procedure codes, and apportionment status; responds to requests for home modifications, home health care personnel, medication, and medical supplies and appliances; refers to the Medical Treatment Guidelines manual to confirm treatment compliance and approve medical treatment authorization requests; negotiates billing adjustments with medical care providers and suppliers applying workers' compensation fee schedules and rules; audits claimant reimbursement requests for causally-related medical and travel expenses; determines employer witnesses and files pre-hearing conference statements outlining the factual and legal basis of the case before referring cases to the Legal Department; and reviews case activity and determines when a claim can be retired.

Claims Services Representative 2: reporting to a Claims Services Representative

3, provides technical assistance and guidance on the more difficult, sensitive, and/or high cost claims; reviews staff work and performs quality assurance field reviews; handles the more controversial claims and personally resolves all highly sensitive claimant complaints; oversees payment of the larger lump sum settlements and awards; establishes and implements appropriate changes to attain required performance levels that are consistent with statewide claims policies and procedures; coordinates team workload to optimize efforts and identify priority issues; coordinates the delivery of training to staff; and represents NYSIF at meetings with other State agencies, assureds, and insurance industry organizations.

Claims Services Representative 3: reporting to a Claims Services Representative 4, monitors the effective and efficient operation of claims/medical teams; personally negotiates the most critical settlements; provides technical assistance in connection with special cases or procedural problems impacting the Claims Department; informs management of any concerns regarding assureds, claimants, and providers; analyzes Claims Department production reports and recommends necessary procedural changes and work reassignments to maintain or improve production levels; and serves on regional or statewide committees such as the high cost case committee.

Claims Services Representative 4: supervises multiple claims units; escalates concerns regarding assureds, claimants, and providers to the Assistant Director; recommends procedural changes and work reassignments to maintain or improve production levels; supports the Assistant Director in establishing uniform operating procedures and quality assurance standards; meets with senior staff to discuss changes in policy, procedures, and business processes, and formulates implementation plans, operating standards, and procedural requirements; provides guidance and makes final decisions on various operational issues; collaborates with other department managers to improve existing systems or suggest new systems; and establishes and reviews metrics, benchmarks, and additional statistics to ensure compliance with goals.

Assistant Director Compensation Claims & Medical Administration: reporting to an Associate Director Compensation Claims & Medical Administration, provides the daily oversight and coordination of claims and medical administration functions for assigned program area; implements departmental operating policies, and ensures uniform operating procedures and quality assurance standards for all functions; provides management with claims performance metrics reports; monitors and evaluates Claims Department activities throughout the State; evaluates requests for changes in staffing levels, performance standards, department policies, and procedures; identifies additional training needs of staff, and ensures the delivery of training; works in conjunction with IT staff to make improvements to electronic programs; oversees programs that involve the selection and retention of physicians for conducting medical examinations of workers' compensation and disability benefits claimants; reviews departmental budgets to control costs and allocate funds in accordance with executive management goals and objectives; develops strategies to best mitigate agency claims costs; meets with occupational safety groups and trade managers, brokers, executives, attorneys, policyholders, claimants, medical care providers, and other insurance carriers

to resolve complaints or respond to inquiries; participates in insurance and claims related conferences to disseminate information regarding the agency's claims policies and practices; analyzes regulatory changes and revises policies and procedures to ensure regulatory compliance; and monitors issues or practices in the insurance industry, which may impact claims operations, and recommends changes as needed.

Associate Director Compensation Claims & Medical Administration: reporting to the Director Compensation Claims & Medical Administration, oversees assigned program in the Claims Department; establishes goals for the Claims department and develops metrics to monitor progress; oversees and ensures efficient operations across multiple physical locations; develops improvement programs to ensure all locations and business units deliver consistent services; reviews process requirements and implements changes to increase efficiencies; documents policies, standard operating procedures, and internal controls; monitors the status of all ongoing projects; identifies and resolves service delivery issues; works with the IT department to optimize technology solutions, reducing redundant systems while improving transaction accuracy and reducing overall costs; represents the agency in meetings with representatives from other State agencies, private businesses and corporations, insurance carriers, physicians, and lawyers on claim related issues; recommends legal, rules, and regulatory changes to make claims administration more effective; creates statewide claims training programs; and coordinates with other departments regarding claims services.

Director Compensation Claims & Medical Administration: directs the claims and medical administration program; implements departmental policies, and develops long and short-term goals and objectives for the department in accordance with executive management and the Board of Commissioners' directives; prepares the departmental budgets; evaluates performance of subordinates for compliance with established policies and objectives; establishes training programs, uniform claims and medical administration operating procedures, production goals, and quality standards for all claims functions within the Workers' Compensation Law, the Volunteer Ambulance Workers' Benefit Law, the Volunteer Firefighters' Benefit Law, and the Disability Benefits Law; directs and monitors the effectiveness of the department's quality assurance program; and advises executive management and Board of Commissioners on matters affecting claims and medical administration, as well as organizational problems and needs.

Minimum Qualifications

Claims Services Representative 1

Open-Competitive: bachelor's degree and completion of a two-year traineeship.

Claims Services Representative 2

Promotion: one year of service as a Claims Services Representative 1.

Claims Services Representative 3

Promotion: one year of service as a Claims Services Representative 2.

Claims Services Representative 4

Promotion: one year of service as a Claims Services Representative 3.

Assistant Director Compensation Claims & Medical Administration

Promotion: one year of service as a Claims Services Representative 4.

Associate Director Compensation Claims & Medical Administration:

Promotion: one year of services as an Assistant Director Compensation Claims & Medical Administration.

Director Compensation Claims & Medical Administration

Promotion: one year of service as an Associate Director Compensation Claims & Medical Administration.

Attachment

Note: Classification Standards illustrate the nature, extent, and scope of duties and responsibilities of the classes they describe. Standards cannot and do not include all the work that might be appropriately performed by a class. The minimum qualifications above are those required for appointment at the time the Classification Standard was written. Please contact the Division of Staffing Services for current information on minimum requirements for appointment or examination.

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Parenthetic Attachment

Claims Services Representative 1 (Disability Benefits): oversees a work unit consisting of eight to ten staff members and directs the workflow of the unit in accordance with the policies, procedures, organizations, and internal controls; oversees subordinate staff and determines staff assignments; completes performance evaluations; identifies training needs and arranges for staff training; manages program activities by setting priorities and deadlines; provides direction on concurrent employment claims payment determinations when a claimant has two or more employers, which will require a determination for partial payment among the two insurance providers by working with subordinates to request, obtain, and review the second employers wage verification to determine percentage of the benefit payment; makes claims decisions in cases where accidents or injuries occur from an illegal act that may arise from self-inflicted incident, drug or alcohol abuse consistent with Disability Benefits Law and the paid Family Leave Benefit Law; when processing overpayments and refunds, confirms that the payment determination has been calculated correctly by staff before forwarding on to management for processing of the overpayment or refund; and provides assistance to the Claims Services Representative 2 (Disability Benefits) in developing and maintaining policies and procedures.

Claims Services Representative 2 (Disability Benefits): oversees the claims activities in the Disability Benefits Program; establishes and oversees the processes for approving, rejecting, maintaining, or retiring disability benefits and paid family leave claims; establishes and disseminates policies and procedures for processing of all claims by the appropriate levels of staff; ensures that appropriate internal controls are in place to prohibit processing errors and fraud; annually reports the status of all program controls reviews and takes remedial actions on all internal control audit findings; manages the cash management process for claim overpayments and refunds; assists with escalated customer complaints to resolve conflicts; administers ongoing training to claims staff to keep them informed of New York State Workers' Compensation Law Disability Benefits Insurance requirements, NYSIF claims procedures, and electronic system updates; reviews the workflow for claims applicants to ensure timely issuance of all claims payments; oversees policyholder requests for business activity reports and the timely provision of W-2 tax form information to policyholders and claimants; evaluates rejected claims, provides justification for rejection, serves as a claims resource to Hearing Representatives, and coordinates hearing process when notified of scheduled hearings by the New York State Workers' Compensation Board; acts as the primary lead on vendor relations and evaluates the costs and benefits from their deliverables; and verifies vendor billing statements and communicates discrepancies for resolution before approving payment of services.

Minimum Qualifications

Claims Services Representative 1 (Disability Benefits)

Open-Competitive: bachelor's degree and a completion of a two-year traineeship.

Claims Services Representative 2 (Disability Benefits)

Promotion: one year of service as a Claims Services Representative 1 (Disability Benefits).