

COMPLIANCE SERVICES OFFICER, SENIOR

KIND OF WORK

Senior-level professional workers' compensation compliance review, enforcement, training and education, consultation, claims management, and acting as a representative under Workers Compensation laws.

NATURE AND PURPOSE

Under limited supervision, performs complex analysis of workers' compensation compliance issues or complex claims management work in the Department of Labor and Industry. Determines and issues insurer warnings and penalties; negotiates settlements on penalty assessments; conducts dispute resolution regarding injured workers' eligibility for benefits; performs claims management work; conducts employer or insurer audits of claims practices and procedures to ensure full compliance with statutes, rules, policies and procedures; provides advice, training and education, and consultation to clientele of Minnesota's workers compensation system; and performs related work as required.

This class differs from the Compliance Services Officer Intermediate in that at the Senior level, work involves the most complex issues and cases which require specialized technical expertise/training in Minnesota workers' compensation laws, case law and department policy and procedures, and operate independently on issues with less direction.

EXAMPLES OF WORK (A position may not include all the work examples given, nor does the list include all that may be assigned.)

Conducts on-site and desk audits of insurers' and employers' claims practices and procedures to assure compliance with statutes and rules. Investigates compliance issues brought forward as tip, complaint or found by audit staff, communicates the compliance issues to insurers or employers by telephone. At on-site audits, schedules review of practices, audits claims practices and procedures against laws, rules, best practices, and performance indicators, conducts exit interview; drafts findings, recommendations and corrective actions; and issues reports to insurers/employers.

Invokes disciplinary actions on insurers and employers for failure to comply with extensive number of statutory requirements by examining and evaluating suspected violations, calculating the amount of penalty, and issuing warnings or penalties when appropriate; examining behavior of insurers and adjusters for appropriateness in accordance with prohibited practices statutes, administrative rules, and case law, and determine appropriate warnings and penalties; documenting disciplinary actions and results appropriate for education outreach or consultation; reviewing insurer and adjuster conduct for referral to Department of Commerce for disciplinary action; and rescinding warnings and penalties when appropriate documentation proves compliance.

Responds and answers inquiries and correspondence from claimants, employees, employers, medical providers, lawyers, and others to explain the procedures and requirements necessary to comply with workers' compensation statutes, rules, policies, and procedures; to inform parties regarding the facts of individual cases as well as claims management process by explaining procedures, requirements via telephone conversations, written correspondence, and interpersonal walk-in consultations.

Resolves insurer and employer objections to penalty assessments by analyzing its legal basis; rescinds or amends the penalty as appropriate; negotiates with involved parties using appropriate alternative dispute resolution methods to amicably resolve dispute; represents the agency in "objection to penalty" settlement proceedings; and provides consultation to legal staff on appealed cases.

Resolves conflicting perspectives and opinions to settle disputes regarding compensation, rehabilitation or medical benefits through the use of mediation and administrative conferences by representing the employing agency as a party to the dispute.

Performs expert analysis of the most complex and unusual issues and cases by examining subject cases for appropriate claim activity; analyzes calculations of benefits and timeliness of benefit payments and their interaction with medical and rehabilitation reports along with judges' decisions and orders and binding agreements; requires corrections and/or clarifications be made by insurer; or to settle litigation; resolves any disputes using alternative dispute resolution methods; and monitors compliance with corrective action; analyzes the coordination of several governmental program benefits to ensure applicability of offset provisions; applies legal mathematical formulas; and works with the Social Security Administration (SSA) and other sources of government disability and/or retirement benefits to ensure proper documentation.

Maintains current understanding of and proficiency at applying workers' compensation statutes, administrative rules, policies and procedures, and case law by studying changes in law, administrative rules, and case law; uses and updates compliance or claims management policies; attends appropriate training sessions; and provides training to new employees, entry, and intermediate level staff.

Logs verbal and written interaction with insurers, employees, employers, attorneys, and others on compliance and claims management issues and actions associated with a claim or case by registering the issue, action, and result into the computerized claim activity logging system to assure a complete and accurate record of activity on individual claims.

Participates on compliance services team responsible for collaborative monitoring and enforcement of 50% of filed workers' compensation claims by using teaming skills, problem-solving skills, interpersonal skills, and cooperative decision-making.

Provides constituent training, consultation, technical assistance, and educational presentations on workers' compensation system by being an expert on complex workers' compensation issues; develops appropriate curriculum for seminars, workshops, and forums; develops technical assistance manuals for use by employers, insurers, claimants, unions, and health providers; customizes training for specific audiences; selects appropriate resources for internal and external training; and identifies and predicts trends in the workers' compensation system; and develops and maintains effective working relationships with all parties to the workers compensation system.

Coordinates agency involvement in assuring benefit compliance when responding to insurer bankruptcy and employer closures by designing materials and programs to be used in crisis situations; coordinating agency actions with state, federal, and local agencies; anticipating crisis situation through monitoring of trends and public information; mediating workers' compensation disputes that may arise in the crisis. In cases of some self-insured employer bankruptcy closures, assure smooth transition of claims administration.

Assists in improvement of data management and workflow analysis to continually improve work process' efficiency by continually analyzing work processes against objective standards; develops "electronic data interchange" processes; analyzes and revises workers' compensation forms; develops recommendations for data receipt, storage, and distribution; designs reporting procedures for micro, macro, and system reports; coordinates development and maintenance of insurer, self-insurer, and third-party administrator data bases; and develops automated work processes using word processing, spreadsheet, and other available computer applications.

Analyzes jurisdictional issues such as uninsured, exempt status (i.e. family farm), domestic worker, independent contractor/general contractor, statute of limitations, asbestosis, and coverage disputes to determine compensability and potential defenses to a claim.

Investigates and determines compensation and medical benefits eligibility to assure compliance with laws, rules and policies by researching related issues, participating in administrative conferences, and mediations, analyzing documents and making decisions.

Represent the Fund in subrogation and collection efforts to reduce costs of third party or employer claims reimbursement; serves as case expert for legal staff on litigated cases by providing testimony during legal and administrative proceedings; and serves as expert witness as necessary.

Manages the rehabilitation process and medical treatment to ensure reasonable and cost effective services are provided by appointing a qualified rehabilitation counselor (QRC) as appropriate and by monitoring progress and modifying rehabilitation and retraining plans as necessary.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED

Knowledge of:

State and federal laws and relevant case law relating to the administration of workers' compensation system of Minnesota (including social security, unemployment, etc.), and legal and administrative proceedings.

Legal terminology sufficient to understand and apply case law, judges' decisions, and related workers' compensation legal actions in the review of claims and case files (comprehensive knowledge).

Medical terminology, conditions, treatment methods, and treatment parameters sufficient to understand and analyze workers' compensation reports (comprehensive knowledge), and approve or deny treatment appropriately.

Principles and practices of insurance company claims processing and case management sufficient to assess appropriate behavior of insurers' and adjusters' requirements under the prohibited practices statutes (comprehensive knowledge).

Principles and practices of insurance laws sufficient to read, understand, and interpret workers' compensation insurance policies, coverage, cancellation, and termination clauses.

Design and development of publications, training materials, seminar and workshop curriculum, and other public information and educational materials.

Alternative dispute resolution methodologies sufficient to actively resolve disputes between the agency and insurer, or claimant and employer.

Personal computer software applications, including word processing, database applications, spreadsheet, and customized applications, sufficient to communicate, compute penalties, store and retrieve data and information, and organize and analyze issues.

Math sufficient to compute and solve complex benefit calculations using statutory and/or case law formulas; to appropriately and accurately administer financial benefits; and to authorize reimbursement to any insurer.

Workers' Compensation Division operations, practices, policies and procedures sufficient to understand and explain the process by which cases are reviewed.

Skill in:

Communication sufficient to explain complex ideas verbally and in written format to facilitate understanding of issues.

Research, analysis, and investigation to appropriately interpret and apply the workers' compensation statutes, rules, case law, and policies applicable to specific issues; to determine the present value, negotiate and settle a claimant's future benefits; or to assess the value of a claim and reserve an estimated amount of what a claim will cost.

Managing large, active case loads sufficient to review and examine hundreds of claims for compliance, or manage workers' compensation claims. Determining the handling of activities related to ongoing claims management including denial or approval of payments, treatments, claimant status, and communication with all parties.

Using computer technology to prepare written correspondence, log claim activity, and communicate with internal and external clientele.

Public speaking sufficient to make workers' compensation an interesting, engaging, and understandable topic for employers, claimants, employees, insurer staff.

Using alternative dispute resolution techniques sufficient to resolve disputes with insurers and employers over assessment of penalties and warnings.

Presentation skills necessary to represent the Fund in legal proceedings before an administrative law judge and other court personnel and articulating legal positions, arguments, and exhibits.

Ability to:

Establish effective working relationships within the organization, particularly as a team member collaborating to provide quality customer service.

Work tactfully and effectively with a wide range of people, including hostile and emotionally upset individuals who disagree with agency decisions or equity issues being disputed.

Reason analytically and in an organized manner, and apply policy interpretations to specific cases and claims or settle cases to conclude a claim.

Communicate clearly, in both verbal and written formats, sufficient to explain and discuss case problems and issues. Effectively represent the department by presenting evidence and taking testimony in court.

Respond quickly with appropriate, responsive answers to questions posed in public meetings, forums, seminars, workshops.

Use computers to draft correspondence, develop training, technical assistance manuals, consultation materials; calculate penalties, verify benefit payments, maintain personal schedule and work tasks, electronically communicate with colleagues, and log claim activity issues, actions, and results.

Negotiate settlements based on equity issues being disputed and establish a dollar value for issues unrelated to the Fund.

Strategize, persuade, and settle cases in order to conclude the claim.

Appropriately and accurately administer financial benefits and to authorize reimbursement to any insurer.

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Former Title(s): Workers' Compensation
Compliance Services Officer, Senior