



Job Posting

Job Title:	Workers' Compensation Claims Representative
Location:	501 Wampanoag Trail, Suite 301, East Providence RI 02915
Schedule:	35 hours, Monday-Friday, 8:30 – 4:30
Exempt/ Non-Exempt	Exempt
Travel:	5%

About Us

The Rhode Island Interlocal Risk Management Trust (“The Trust”) is the pioneer and undeniable leader of intergovernmental risk-sharing pooling in Rhode Island. As a Member-owned and managed organization, The Trust’s overarching goal is to provide its Members with the highest standards of service, risk management and insurance programs. The Trust is recognized as local government’s premier one-stop source for Property/Liability, Workers’ Compensation, Health, Dental, Life, Other Post-Employment Benefits (OPEB) and Wellness, and widely lauded for its excellence in risk management and loss prevention services.

Job Summary

- Processes, investigates, and adjusts claims for public sector entities insured by the Members.
- Handles Workers’ Compensation claims as dictated by the Rhode Island Workers’ Compensation Statue and/or Public Safety Injured-On-Duty claims brought against Members.
- Handles a claim until resolution, either by agreement with the injured worker, settlement (including determining when a Medicare Set-Aside (MSA) is necessary and obtaining such), or adjudication through the court system.
- Extensive contact with Member representatives; plaintiff and defense counsel, injured workers, independent investigative firms, and specialists/experts in all forms of claim-related evaluations regarding compensability and nature and kind of injured worker medical treatment and rehabilitation and reinsurer representatives.
- Work is performed under close supervision of the Claims Manager in accordance with specified standards and procedures for reporting information about cases and evaluating compensability.

Core Responsibilities

- Visits accident scenes to document circumstances, and contacts injured workers, supervisors, and witnesses to gather information and obtain statements. A wide variety of material and information is reviewed by the employee to evaluate compensability.
- Secures information by phone and through correspondence about claims from Member representatives, injured workers, witnesses, investigating authorities, experts, doctors, attorneys, etc. Employs statements for this information when necessary. Conducts site visits to accident scenes to gather information and document site conditions, including by photographic or video means.
- Verifies all relevant facts regarding claims; maintains comprehensive, accurate files which are well-documented (on-line and in a hard copy file as appropriate) with claims related information.
- Sets reserve levels for expected losses and expenses for individual claims. Adjusts reserve



levels as warranted by changing circumstances of claim activity. Documents calculations for reserve level amounts.

- Directs legal counsel in the conduct of litigation regarding claims. Reviews defense counsel requests for special research, discovery, depositions, and use of experts to determine if warranted by circumstances. Monitors, reviews, and authorizes, subject to office procedures, defense counsel billings.
- Evaluates compensability and subrogation exposures from claims, presents data, findings, conclusions, and recommendations to management on a periodic basis and when seeking settlement authority from supervisors or from reinsurers. Pursues subrogation recoveries.
- Conducts settlement negotiations with injured workers.
- Maintains diary system for work assignments, follow-up actions on claims, and schedules of field investigations and visits. Prepares special reports on cases as needed.
- Corresponds and meets with Members to explain and facilitate the operations of claims policies and procedures, to provide status reports on individual claims, and to explain decisions, plans, and actions undertaken. This includes participation in claim review meetings.
- Responds to claims events at non-standard office times as necessary.
- Performs administrative duties such as setting up claims, compiling statistical reports, scheduling independent medical evaluations, invoice processing including electronic bill review and pharmacy management programs, and filing state and federal forms with the appropriate agency. The employee may assign specific work tasks to office support staff.

Qualifications

Good knowledge and skills in the following categories are required:

- Claims administration principles and practices, especially those related to gathering information, documenting files, and use of reports and statements (recorded and otherwise) to verify events.
- The Rhode Island Workers' Compensation Act, with the ability to acquire specialized knowledge of The Trust's risk management program, including the public safety injured-on-duty program within a relatively short period of time.
- The financial loss implications of personal physical limitations, disfigurement, and disability arising from accidents, and of the methods and source to be employed in calculating loss amounts for reserve setting and settlement negotiation purposes.
- Common legal procedures used in adjudicating claims, and of mediation and arbitration procedures and guidelines.
- The meaning of medical terminology related to personal injury.
- Understanding of the normal business operations of municipalities.
- The standard word processing and spreadsheet computer software for business correspondence.

The employee must also have a good ability to:

- Analyze factual situations to determine relative degrees of liability and assess likely loss exposure for the purpose of setting reserves accurately.
- Forge compromises in disputed situations.
- Administer diary systems to monitor and track claim and subrogation activity.
- Write clearly and concisely in order to summarize key aspects of factual situations presented within the claims and to articulate the same to the Claims Manager and Director of Claims.



- Establish and maintain effective working relationships with Member representatives, attorneys, outside service providers, and staff.
- Initiate settlement discussions; be resourceful while demonstrating good judgment

Education/Experience Requirements:

- Bachelor’s degree from an accredited college or university, preferably in pre-law, risk management, business, or public administration.
- At least 5 years of prior claims processing and adjusting experience in Workers’ Compensation lines.
- Advanced degrees or course work in law, business or public administration, or insurance/risk management is desired.
- Familiarity through training, education, or work experience with the special exposures of local government is desired.

In lieu of the above, any equivalent combination of training and experience that provides the following knowledge, abilities and skills may be considered at the discretion of the Trust.

License(s) Requirements:

Employee is required to have and maintain a Rhode Island Insurance Adjuster’s license, and a valid driver’s license.

Benefits
Health and Dental Insurance
Group Term Life and Accidental Death and Dismemberment Insurance
Group Long Term Disability Insurance
Retirement Benefits
Health Spending Account
Continuing Education
Employee Assistance Program
Wellness Program
Paid Time Off

Send Resume and Cover Letter
Email: hr@ritrust.com
Mail: Rhode Island Interlocal Risk Management Trust, 501 Wampanoag Trail, Suite 301, East Providence, RI 02915 Attention: Human Resources

The Trust is proud to be an equal opportunity employer.