



Job title: Claims Administrator (Workers Compensation; Liability)

Location: Cincinnati Area, Ohio

Terms: Full-time, Non-exempt

Salary: Based on experience, education and licensing

Benefits: Paid time off; paid holidays.

WORK AUTHORIZATION: You must be authorized to work in the US. This position is NOT available for sponsorship opportunities (open to permanent residents and US Citizens only).

Must be licensed in IN, OH, KY or able to obtain within 30 days of hire. Interest in handling additional jurisdictions in the longer term is a plus.

WHO WE ARE

We are an independent risk management and claims management firm. We have provided high-level risk, insurance and claims management services and consulting in the Tri State area for over thirty (30) years. Our clients are the reason we exist, our high experience level, responsiveness and professional performance are the reason we have been successful, and the following principles guide our relationships with clients and the interactions with the people and communities our clients serve.

WE BELIEVE IN:

- Honesty: We deliver the truth, even when it may be difficult to hear.
- Dignity: From clients to claimants, we earn respect by giving it first.
- Communication: We drive clarity and transparency from the get-go and always follow through.
- Collaboration: Working as a team — with each other and with clients.

WHO WE'RE LOOKING FOR:

We are looking for a **Claims Administrator (WC)** who shares our values and these principles.

As part of the Claims Team, the successful candidate will be comfortable in a busy office environment and have very good to excellent communication skills (telephone based and written). The ideal candidate will have experience with administering workers' compensation claims, and a good understanding of liability and/or property insurance claims. You should be a great communicator and have a demonstrated understanding and use of Microsoft 365 applications including Outlook, Teams and SharePoint/OneDrive (we are on a pathway to a paperless office). The ability to work independently will be beneficial.

STUFF YOU SHOULD KNOW

- Our office hours are 8AM to 5PM Monday through Friday.
- This is a full time (40 hours/week) , non-exempt position.

ESSENTIAL FUNCTIONS AND RESPONSIBILITIES

- Answer claims-related incoming calls, collect and record claim information and assign liability and/or property claims to claim team.
- Reviews and determines the liability of Commercial General Liability and Property/Business Interruption claims.
- Reviews and determines the compensability of workers' compensation claims for injured workers, by reviewing reports of incidents, analyzing and investigating written and telephone reports of injuries sustained, medical notes and reports, and authorizing further investigation when necessary. Interprets the State Laws and Regulations and applies the workers' compensation laws to determine compensability for each claim and class of benefits, such as temporary disability, permanent disability, death benefits, wage loss, and medical treatment.
- Authorizes and monitors medical treatment in consultation with medical experts when needed by requesting medical reports and records, arranging medical evaluations and writing to treating physicians for status reports; monitors physician compliance with State Laws and Regulations; assists in the review of medical bills for fee schedule and contract adherence, as well as appropriateness and payment discrepancies. Interprets and applies medical knowledge and terminology to determine the appropriate course of action.
- Establishes and maintains adequate reserves on claims within authorized level to reflect potential value of the claim by examining medical reports and calculating various types of benefits.
- Explores contribution and/or subrogation opportunities for each claim.
- Addresses questions, and responds to injured workers, departments, physicians, attorneys, and other vendors regarding issues.
- Negotiates and settles claims within authorized level on behalf of the client; supplies litigation support by providing files and settlement authority when needed; recognizes subrogation potential and refers to legal support in a timely manner.
- Maintain professional client relationships.

SKILLS AND QUALIFICATIONS

- Ability to think critically, solve problems, plan and organize tasks.
- Analytical skills necessary to make decisions and resolve complex issues inherent in handling losses.
- Ability to successfully negotiate settlements and dispositions of serious claims including the ability to interpret related documentation.
- Excellent communication and interpersonal skills.
- Appropriately licensed and/or certified in all states in which claims are being handled
- Moderate understanding of contract basics – indemnification language, insurance requirement wording and familiarity with limitations of liability.
- Experience with bodily injury (BI) claims would be helpful.
- Knowledge of other insurance lines (D&O, Cyber, etc) is a plus.
- Detail oriented; including ability to record detailed notes.
- Associate's degree (required; or equivalent work experience); claims management certifications. Bachelor's degree preferred.
- Excellent computer skills, including Outlook & Teams (we use Microsoft 365).
- Ability to work independently and be organized.
- Math skills for calculating loss and damages.

Note, this position will primarily be based working at a computer, and a demonstrated understanding of correct ergonomic practices should be adhered to.

Pre-employment drug screenings and criminal background checks are mandatory due to client requirements.