

## CLAIMS INVESTIGATOR

DISTINGUISHING FEATURES OF THE CLASS: Under general supervision, incumbents of this class are responsible for the management and investigation of medical malpractice, general liability and lost/stolen or damaged property claims. Incumbents will conduct investigations of complex claims and lawsuits filed against the Medical Center in preparation for or in the context of legal action. Work is performed with considerable independence of action with wide latitude for the exercise of independent judgment within established policies and procedures. Does related work as required.

### EXAMPLES OF WORK: (Illustrative Only)

Reviews and analyzes medical records, hospital policies and procedures to identify key issues and assess the hospital's exposure in preparation for legal action related to a sentinel event or incident that is the subject of a notice of claim or summons;

Investigates confidential and complex circumstances that may result in a liability claim;

Identifies and interviews named defendants and other personnel involved in the case;

Obtains and reviews all records and policies pertinent to the case;

Identifies theories of liability and exposure and involvement of potential codefendants;

Prepares comprehensive and informative investigative reports containing findings, conclusions and recommendations for use by defense counsel;

Acts as the liaison with defense counsel, assisting with preparation of interrogatories, settlement discussions and preparation of cases for trial;

Manages and coordinates the investigation and discovery of claims;

Discusses cases with physicians, administrators, attorneys and claimants;

Coordinates in-house medical reviews;

Participates in the development and implementation of policies, practices and procedures designed to meet program goals and objectives for efficient and effective claims management and to ensure compliance with regulations and codes;

Makes recommendations on issues, practices and procedures aimed at limiting long-term liability exposure;

Develops and conducts programs designed to educate staff;

Monitors indemnity/expense ratio;

Monitors reserves with written evaluation of high exposure claims in compliance with reporting requirements;

EXAMPLES OF WORK: (Illustrative Only) (Cont.)

Reviews bills for substantive charges and authorizes payment for expenses incurred;

Uses computer applications or other automated systems such as spreadsheets, word processing, calendar, e-mail and database software in performing work assignments;

Accesses protected health information (PHI) in accordance with departmental assignments and guidelines defining levels of access (i.e. incidental vs. extensive)

May perform other incidental tasks, as needed. .

REQUIRED KNOWLEDGE, SKILLS, ABILITIES, AND ATTRIBUTES: Thorough knowledge of claims management functions related to a hospital or health care delivery setting; thorough knowledge of the principles, practices, procedures and techniques utilized in planning and conducting confidential investigations; thorough knowledge of medical malpractice and general liability claims management; thorough knowledge of good knowledge of the principles and practices of hospital organization as they relate to the functions of its various divisions, regulatory agencies, and accrediting organizations; ability to establish and maintain effective working relationships with a wide range of medical, professional, administrative and clerical personnel; ability to communicate effectively, both orally and in writing; ability to prepare accurate and informative reports; ability to perform work independently and exercise sound judgment within established policies; ability to effectively use computer applications such as spreadsheets, word processing, calendar, e-mail and database software in performing work assignments; ability to read, write, speak, understand, and communicate in English sufficiently to perform the essential duties of the position; thoroughness; integrity; tact; initiative; resourcefulness; physical condition commensurate with the demands of the position.

MINIMUM ACCEPTABLE TRAINING AND EXPERIENCE: High school or equivalency diploma and either: (a) a Bachelor's degree\* in nursing or related field plus 3 years of experience where the primary function of the position was the investigation and/or analysis of health-care related liability claims; or (b) Possession of a valid license and current registration, issued by the New York State Department of Education, as a Registered Professional Nurse, plus 4 years of the experience described in (a), or (c) possession of a valid license and current registration, issued by the New York State Department of Education, as either a Physician Assistant, Occupational Therapist, Physical Therapist, or Respiratory Therapist; plus 5 years of the experience described in (a); or (d) possession of a valid license and current registration, issued by the New York State Health Department, as a Radiologic Technologist, plus 5 years of the of the experience described in (a).

SUBSTITUTION: Satisfactory completion of 30 credits towards a Master's Degree\* in Health, Hospital or Public Health Administration, or a Law Degree, may be substituted on a year for year basis for up to two years of the above stated experience.

NOTE: Unless otherwise noted, only experience gained after attaining the minimum education level indicated in the minimum qualifications will be considered in evaluating experience.

\*SPECIAL NOTE: Education beyond the secondary level must be from an institution recognized or accredited by the Board of Regents of the New York State Education Department as a post-secondary, degree-granting institution.

SPECIAL REQUIREMENT: Possession of a valid license to operate a motor vehicle in the State of New York.

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J. C.: Competitive  
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Job Class Code: C3216  
Job Group: XIII