Claims Consultant

Copic Job Description

JOB OVERVIEW	
JOB TITLE	Claims Consultant
DEPARTMENT	Claims
FLSA CLASSIFICATION	Exempt
REPORTS TO	Claims Supervisor/Manager

JOB SUMMARY

Reports to the Claims Supervisor/Manager; the incumbent is responsible for investigation, evaluation and resolution of assigned claim matters.

KEY RESPONSIBILITIES

- **Claims Evaluation & Management (Including Reporting Requirements)**

  Percent of Time: 75%

  - Resolve any coverage questions; contact and meet with the insured; obtain pertinent medical records; contact plaintiff attorney, if appropriate; retain defense attorney and work together as a team to defend the insured's interests; evaluate the file by obtaining expert reviews; communicate with the insured physician as the claim develops; collaborate with defense counsel regarding the management of the claim; make wise use of resources, keeping in mind the fiduciary responsibility to the insured and Copic; negotiate effectively to resolve claim.
  - Make timely and accurate reports to the file during its pendency, including new open claim report, investigation report, authority requests, pretrial report and closing summary; make timely reports where indicated to the Board of Medical Examiners and/or National Practitioners Data Bank; see that the file contains appropriate status reports and documents on-going communication between the adjuster, the insured and the defense counsel; set reserves in line with information known.

- **Meetings, Conferences, & Continuing Education**

  Percent of Time: 15%

  - Attend bi-monthly Claims Committee meetings and be prepared to speak on any files assigned to you; attend settlement conferences, mediations, and trials representing the insured and Copic in a positive manner; attend other conferences as requested/assigned. Attend classes, seminars and presentations to increase knowledge of medicine, law and claims management as approved by management.

- **Special Projects**

  Percent of Time: 10%

  - Participate/lead fully in special projects as assigned by supervisor.

REQUIRED QUALIFICATIONS & SKILLS

- 5-7 years of experience as a claims consultant or adjuster.
- Ability to communicate effectively, both interpersonally and in written form.
- Ability to absorb and assess volumes of information.
- Calm, professional manner which demonstrates a genuine respect of others and their point of view.
- Ability to maintain strict confidentiality.
- Ability to think logically and pay attention to detail.
- Basic computer knowledge required.
- Excellent customer service skills.
- Analytical, critical thinking, and problem-solving skills

DESIRED QUALIFICATIONS & SKILLS

- Insurance claims adjusting experience.
- Risk management knowledge.
- Knowledge of medical terminology or other college level medical training.

WORKING CONDITIONS

- Typical Office Environment
- Hybrid Schedule. Office located in Denver, Colorado
- 10% travel
- Schedule
    - Full-Time, 40 hours per week, long or unusual hours as needed, sometimes on short notice
    - Business Hours: 8am-5pm

About Copic

Copic's mission is to improve medicine in the communities we serve. We strive to be the premier diversified service organization providing professional liability insurance and other needs of the health care community through advocacy, innovation, and the commitment and dedication of our employees.

We offer competitive wages, a comprehensive and highly sought-after benefits package, and a great work environment with fun, friendly people who truly enjoy their work. Hiring range for this position is $98,335.91/annually to $122,919.88/annually.

***Disclaimer**: This is not meant to be comprehensive. Job duties and/or qualifications are subject to change depending on business need.*