

INJURY CLAIMS MANAGER

POSITION SUMMARY:

The Injury Claims Manager is responsible for day to day leading and of assigned team comprised of first and third party injury adjusters. The team is focused on resolving personal and commercial automobile first party claims involving Personal Injury Protection/Medical Payments exposures and investigating, evaluating and settling third party injury claims. The Injury Claims Manager exercises considerable critical thinking skills, judgement, and initiative in the proper resolution of claims. They are responsible for the consistent delivery of high quality claim handling and customer service from their team of 6-8 claim examiners. The Injury Claims Manager ensures their team is in compliance with regulations, Company policy, and all applicable licenses required for adjusters. They are a leader who positively influences their team, coaching and guiding staff through changes in the organization and industry. The Injury Claims Manager creates an environment where teamwork and entrepreneurial spirit flourish, resulting in outstanding achievement of team, unit, division and Company goals.

As a member of the leadership team, the Injury Claims Manager sets the example for an environment built on accountability, teamwork, professionalism, personal development, and proactivity toward improving performance and contributions to the Company's success. Possesses the ability to act with great integrity, professionally representing the organization to internal and external customers, safeguarding systems and information within their control against fraud, malware, and cyberattacks. Maintains strict confidentiality with sensitive information and handling of employee matters.

PRINCIPAL ACCOUNTABILITIES:

Planning

- On a daily basis, manager provides team clear goals and solutions to overcome challenges impacting the completion of work and customer service.
- Team demonstrates consistent adherence to ensuring the customer receives fair claim resolution through proper adjudication of each claim. Reinforces adherence through the phases of quality first contact, investigation of the facts of loss and any potential liability exposures, evaluation of damages, development of appropriate claim payments and timely communication with the customer.
- Ensures each adjuster is fully trained with the support of the Quality Assurance team and Human Resources. Fully responsible for development plans regardless of adjuster experience level from creation through completion.
- Anticipates needs of their team including staffing, resources, and engagement. Actively seeks guidance or assistance to resolve the need.
- Engages their team to be aware and knowledgeable of their impact on others and the Company's success while instilling a sense of desire to adapt to change and the evolving needs of the customer and agent.
- Serves as the liaison between Compliance, Quality Assurance, and IT for Medicare reporting.
- Coaches team members to ensure injury evaluations contain appropriate level of detail explaining any causal connection to the loss and how the injury was sustained, resulting in a recommendation for authority to resolve the claim.
- Actively seeks ways to continually provide learning opportunities surrounding human anatomy, mechanism of injury, diagnosis, treatments, medical tests, and signs.
- Shows great care in holding the team accountable for assessing different types of coverage issues and alleged damages sustained in a loss as demonstrated by the claims examiner during the phases of investigation, evaluation, and resolution.
- Mitigates unnecessary litigation and expenses through a variety of alternative methods.
- Participates in projects, initiatives, and activities to support service and process improvements.
- Manages time to allow for leadership activities and availability for self-development.
- Attends and participates in industry related conferences, seminars, and webinars. Provides highlights and resources gathered during the experience to others for the benefit of the Company.

Team Oversight

Leadership

- Creates a positive environment where collaboration, modernization, and optimization are welcomed from every perspective, stewarding ideas and recommendations through the proper channels to provide the utmost support for the needs of their division, customers, and agents.
- Leverages individual differences to champion a diverse, inclusive, caring, and trusting work environment for all. Encourages staff to professionally challenge the status quo, identify improvements, and provide suggestions to implement solutions.
- Decisions demonstrate a solid appreciation for improving performance of their team while promoting a teamwork approach to accomplish goals and the success of the Claims organization.
- Accountable for working within their authority to make sound decisions.
- Able to understand the vision and provide staff clarity to connect their role to the purpose of their work. Supports the entire vision, generating buy-in across their team.
- Demonstrates solid leadership courage, able to communicate with others to address sensitive issues in a timely, appropriate manner while inspiring others to do the same.
- Understands how to tactfully initiate difficult conversations with others, demonstrated through providing feedback or instruction in a constructive, helpful manner resulting in desired change.
- Seeks to fully understand others, building relationships across the Company to support the success of their team and unit.
- When confronted with negativity, lack of accountability or integrity, able to refocus the situation on a productive and corrective path.
- Sets the example for others by serving the needs of their team before their own.
- Escalates concerns to appropriate leader or Human Resources in a prompt manner.
- Empowers others through praise, recognition, and follow through on promises. Reengages others to their role and responsibilities by positive reinforcement, coaching, and consistent interactive dialogue.

Managing Performance

- Achieves quality, productivity, and acceptable customer service results by following leading practices and procedures, management direction, and effective performance management of their team.
- Ensures communication with internal and external customers is professional and timely.
- Reviews all demands and responses to ensure appropriate processes are followed for accurate and timely responses.
- Upon identification of complex claim matters, including coverage and liability issues, denials or offers below requested demand, escalates claim for discussion at weekly round table.
- Provides adjusters with appropriate settlement authority, escalating claims to AVP of Claims when the value exceeds their authority.
- Identifies and aligns resources for their team to ensure appropriate staffing and coverage for workload and service to customers and agents.
- Effectively responds to concerns and complaints with a solution mindset, learning from each encounter for the benefit of the Company and others.
- Responds verbally and in written form to insurance department inquiries, customer complaints, and 93A letters.
- Identifies and manages concerning performance or personnel issues in a proactive manner, involving the AVP/VP of Claims and Human Resources when appropriate.

Team Development

Training and Coaching

- Creates collaborative relationships with Quality Assurance and Trainer to support appropriate training and corrective action to quality assessments findings.
- Provides adjusters with direction on technical claim matters, coaching them to incorporate what they learn into their work product with minimal to no further supervision.

- Owns the needs of their adjusters, relentlessly seeks opportunities to improve performance through their experience, knowledge, and resources.
- Performs weekly check-in's, monthly one on one's to discuss personal development, necessary performance related meetings, and quarterly engagement sessions.

Talent Management

- Responsible for identifying internal and external talent to join the Claims team. Partners with Human Resources to attend career fairs and other events where candidates may be found.
- Hire, develop, and manage staff to create an engaged, motivated, high performing results-oriented team.
- Knows members of their team, their talents, how and where they contribute best, and how to motivate them to success.
- Assess existing employees' skills and competencies ensuring talent is aligned with expectations of their role.
- Drive learning and development through working with other managers and staff to identify strengths and development needs of individuals and their team. Regularly discuss plans, encourage career development opportunities, and champion initiatives for staff growth.
- Develops and maintains positive relationships and consistent communication with Company leadership, utilizes interactions to produce confidence in the Claims organization.
- Provides unit with guidance, tools and resources connecting the purpose of their work to the goals of the Company and Claims organization.
- Creates opportunities to reskill, upskill and cross-train others, actively seeks to attract internal and external talent to the Claims organization.
- Fully understands the Company resources to effectively coach, recognize, and reward their team members.
- Intentionally develops individual team members, recognizing their career potential and challenges, knowing it is their responsibility to prepare them for current and future roles.
- Gives great consideration and thought into writing and administering yearly performance evaluations.

Technology, Reporting, and Analytics

Technology

- Identifies and suggests options for technology and resources to support accurate and efficient claims handling and reporting.
- Stays abreast of industry trends and standards that ensures claims adjudication evolves to meet the needs of the organization, and our agents/insureds.
- Leads by example, learning and applying technology and workflow efficiencies to encourage and support their staff.
- Participates during user acceptance training, providing specific feedback to the implementation team on gaps requiring attention. Shares benefits, limitations, and expectations of the released product with their adjusters in a manner to encourage quick, healthy adoption.

Reporting

- Creates consistent, high-quality reports to assist in conversations with adjusters and others in relation to performance against baseline metrics.
- Pays attention to details and timeliness of regulatory reporting to ensure information shared is accurate.
- With minimal assistance, creates basic cost benefit analysis for recommendations to improve processes, add functionality to systems, or request adjustments to staffing.
- Communicates risk and coverage issues with Underwriting partners in a constructive and timely manner.
- Ensures all potentially fraudulent activity is reported to the Special Investigations Unit.
- Actively seeks opportunities for potential subrogation, verifying submitted claims are of high-quality and ready for the Subrogation specialist to pursue a recovery.

Analytics

- Reviews readily available data throughout the day to keep a pulse on claim activity.

- Able to identify trends through independent review of data, proactively taking steps to improve performance and desired outcomes.
- Reviews Company reports, including claim information gathered through various sources, to understand and be able to appropriately share insight and feedback to their staff.
- Monitors staff activity and outcomes through use of observation, various systems and reports, providing direction and support in a timely manner.

Vendor Management

- Provides AVP/VP of Claims feedback on performance of claim vendors to ensure successful business outcomes.
- May be a liaison for a vendor on behalf of the Claims team, responsible for ensuring communication channels are open and feedback on performance is handled appropriately by the vendor.
- Partners with Quality Manager to ensure Medicare and other regulatory reporting is completed in accordance with the law.

* This job description is not all inclusive and may include additional duties.

JOB REQUIREMENTS:

EDUCATION:

Four-year degree preferred. Insurance coursework preferred.

Adjuster licenses in Rhode Island, Connecticut, Florida, and Texas.

EXPERIENCE:

Minimum of 3 years of first and third party automobile injury claims experience as an examiner. Must have 5 years of recent management experience in a customer facing role within an insurance company.

Successful career of leading others through change, coaching performance, and consistently achieving goals.

Average proficiency with Microsoft Word, Excel, and Power Point.

SKILLS:

- Role model in conflict resolution skills, taking initiative to identify and take action with minimal supervision.
- Acts as a change agent, supporting and refocusing others on transforming their behavior and actions in order to fully support change.
- Willingness to take on difficult, complex tasks or projects without hesitation.
- Approaches their work as a leader with the intent to link feedback, requests and work to a quantitative goal/objective.
- Adjusts their approach based upon the environment, topic, or audience.
- Builds and fosters relationships grounded in trust, respect, and genuine interest in working toward fulfilling goals/objectives.
- Proactively shares information and knowledge with others, placing the value of their team's success ahead of their own.
- Able to create a positive work experience for others through in-person and hybrid environments.
- Able to problem solve through conducting research, using critical thinking, analytical and organizational skills.
- Demonstrates reliability and dedication to fully execute responsibilities of the role.
- Removes barriers and obstacles for others through use of appropriate influence and collaboration with other leaders and business partners.
- Detail oriented, able to refine documents into a final version of professional work product.
- Computer proficiency is required, including use of video conferencing technology.