

STATE OF SOUTH DAKOTA CLASS SPECIFICATION

Class Title: Disability Claims Examiner

Class Code: 10531

Pay Grade: GG

A. Purpose:

Determines initial eligibility for disability benefits for individuals claiming mental or physical impairments that prevent them from obtaining or maintaining employment.

B. Distinguishing Feature:

Disability Claims Examiner processes initial and reconsideration disability claims.

Disability Claims Senior Examiner processes continuing disability claim determinations as well as initial and reconsideration claims.

Disability Claims Specialist directs and participates in disability claims quality assurance reviews and evidentiary hearings.

C. Functions:

(These are examples only; any one position may not include all of the listed examples nor do the listed examples include all functions which may be found in positions of this class.)

1. Obtains and analyzes medical and vocational information to ensure sufficient information is received to continue processing the claim.
 - a. Receives information from claimants.
 - b. Requests additional medical, psychiatric, vocational, and related information from the claimants' physician, treating facility, or other agencies reviewing the information.
 - c. Interviews claimants, physicians, employers, claimants' friends, relatives, legal representatives, institutional staff, and other service agencies by telephone or when they come to the claims office to gather pertinent and necessary information to substantiate claims and to gather necessary information.
 - d. Confers with medical consultants and supervisory consultants to resolve complex problems with claims or medical evidence.
2. Makes a determination of eligibility for disability benefits to ensure that the claims are handled properly and effectively.
 - a. Reviews medical and vocational information referring to medical consultants with problems in interpreting the severity of medical or psychiatric conditions.
 - b. Determines the employability factor of the claimant.
 - c. Screens applications for possible referral to Vocational Rehabilitation.
 - d. Reviews cases for jurisdiction and returns cases to the Social Security office requesting a clarification or additional information.
 - e. Interprets program criteria and the basis for decisions to claimants, their representatives, and public officials.
3. Requests consultations or specialized examinations if the medical information submitted by the claimant does not support the claim or additional research has indicated that there is a need for further information before the claim can be further processed.
4. Prepares written rationales based upon the analysis of medical, psychiatric, psychological, and vocational records and reports and various rules and regulations of the department and governing agencies to explain the reasoning for decisions made in the processing of the claim.

5. Performs other work as assigned.

D. Reporting Relationships:

Typically no subordinates report to this position.

E. Challenges and Problems:

Challenges include assessing the credibility of evidence and in developing that evidence for program consistency.

Problems include maintaining up-to-date knowledge of the continual changes in instructions and federal regulations and policies relative to disability and applying that knowledge to individual claims.

F. Decision-making Authority:

Decisions include what medical information is needed to determine if a claim is legitimate, the process and the sources for additional medical or vocational information, the due process and how it affects each claim, and if a claim should be referred for potential rehabilitation services.

Decisions referred include the severity of medical conditions and final decisions on whether the claim should be approved or denied.

G. Contact with Others:

Daily contact with claims specialists, medical staff, treating physicians, and health care institutions to resolve questions on claims processing and medical treatment responses; the social security district office to provide or receive claims information; and with claimants, their representatives, and employers to obtain information for processing disability claims.

H. Working Conditions:

The incumbent works in a typical office environment.

I. Knowledge, Skills and Abilities:

Knowledge of:

- insurance claims processing;
- medical terminology and medical concepts applicable to tests and procedures used in diagnosis and treatment;
- interviewing and information gathering techniques;
- limitations of physiological and psychological impairments.

Ability to:

- read and understand medical and other reports, extract pertinent facts, and recall them with a minimum of review;
- organize and maintain records;
- prepare reports and complete other caseload management functions;
- apply analytical thinking and deductive reasoning to arrive at a reasonable judgement;
- interview and deal tactfully with others;

- communicate sufficiently to gather information from physicians and medical staff and facilities to make a determination of eligibility.