

## RISK AND INSURANCE COORDINATOR

DISTINGUISHING FEATURES OF THE CLASS: Under general supervision, the incumbent of this class is responsible for the coordination of the Westchester Medical Insurance Program and management of internal operations for various components of the claims program for Westchester Medical Center. Responsibility involves directing, controlling and coordinating, through subordinate personnel, administrative functions of the Risk Management program with particular attention to ongoing education and consultation concerning current claims-related matters and issues; ensuring proper procedures for reporting and documenting; and developing methods for corrective action when problems are identified. Administrative supervision is exercised over professional, technical and clerical support personnel. Does related work as required.

### EXAMPLES OF WORK: (Illustrative Only)

Coordinates and administers the Westchester Medical Insurance Program across all lines of coverage and works with captive managers, brokers, commercial carriers, excess carriers for professional and general liability, property coverage, automobile coverage, volunteer coverage, etc.;

Administers the professional liability program for the hospital and participating physicians;

Develops and implements policies and procedures on a hospital-wide basis as required by various aspects of the Medical Center's insurance coverage;

Supervises and directs staff in the completion of administrative support tasks to achieve operational goals and objectives;

Manages, integrates and coordinates internal operations to ensure the functioning of Risk Management;

Develops and monitors systems and procedures necessary for internal functioning of the department;

Coordinates computer-based information systems in support of all risk management functions;

Monitors tracking systems related to claims investigation and discovery requests;

Coordinates monitoring activities of assigned defense counsel including a system of processing and evaluating legal expenses;

Ensures development and implementation of adequate recording and reporting procedures for regulatory compliance with local, state and federal regulations;

Provides training, consultation and technical expertise to administrators and medical staff on aspects of insurance, litigation, claims related procedures, etc.;

Prepares clear, sound, accurate and informative reports containing findings, conclusions and recommendation;

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

Reviews information relevant to various claims and makes recommendations as to settlement;

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

REQUIRED KNOWLEDGE, SKILLS, ABILITIES AND ATTRIBUTES: Thorough knowledge of risk 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 the various insurance fields including automobile, personal and property liability, health, fire, etc.; 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 effective working relationships with a wide range of medical, professional, administrative and clerical personnel; ability to administer large and varied insurance policies; ability to communicate effectively both orally and in writing; ability to prepare accurate and informative reports; ability to supervise and plan the work of others; ability to perform work independently and exercise sound judgement within established policy; ability to effectively use computer applications such as spreadsheets, word processing, calendar, e-mail and database software in performing work assignments; thoroughness; integrity; tact; initiative; resourcefulness; physical condition commensurate with the requirements of the position.

MINIMUM ACCEPTABLE TRAINING AND EXPERIENCE: A Bachelor's Degree\* and four years of experience in risk management, claims administration, or medical, insurance, property or civil litigation claims which involved experience conducting investigations regarding claims, two of which must have been at an administrative, managerial or professional level, and two of which must have been with either: a hospital, major medical facility or health care clinic, a self-insured administrator, or insurer to a hospital or major medical facility.

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

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

\*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.

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Job Class Code: C2974  
Job Group: XIII