

ROLE PROFILE



Role title:	Claims Manager	Responsible to:	Claims Handling/Triage Team Lead
Division:	Medical Protection and Support	Department:	Case Handling/Triage
Direct Reports and Level:	None	Scope:	Global Claims Handling although defined jurisdictions.
		Scale:	0 People £0 Budget
		Regulated Function(s):	No
Evaluation Level	Implement	Role Family	Legal, Level 2

Overall Role Purpose

The Member Protection and Support Division is at the forefront of protecting the careers, reputation and financial risk of our members worldwide. The purpose of the role is to provide an operationally efficient claims handling service for members which is trusted and valued and provides fair treatment and outcomes.

Accountabilities (RACI)	Measures of Success/KPI's
<p>Service Delivery</p> <ul style="list-style-type: none"> Deliver the performance of assigned claims files in accordance with governance, policy and process ensuring quality and fair outcomes for the member and the membership fund Where applicable, deliver regulated claims activities which complies with the necessary regulatory standards for operating in Lloyd's markets. Proactively manage assigned claims files and work effectively to deliver within agreed SLAs ensuring maximum efficiency is achieved whilst providing an excellent service to the member. Use technical expertise and commercial judgement to adopt a strategic approach to claims resolution whilst providing outstanding levels of service to the MPS membership Support Claims Handling/Triage projects/initiatives ensuring delivery of projects to time, cost and quality - delivering a return on investment 	<ul style="list-style-type: none"> Department Plan delivery Vs Plan Delivery of projects to plan Financial performance Vs plan Operational performance (KPI's) V plan
<p>Financial</p> <ul style="list-style-type: none"> Manage all spend incurred serving members in accordance with MPS organisation governance and policy Minimise claims costs by setting accurate claims estimates and proactively managing estimates, challenging costs and invoices from all third parties Determine the level of member assistance to be granted in accordance with the membership policy and escalate claims cases where out of policy discretion requires consideration. 	<ul style="list-style-type: none"> Reduction in third party spend Operational budget vs Plan Operational performance (KPI's) Vs plan
<p>Member</p> <ul style="list-style-type: none"> Manage informal complaints / expressions of dissatisfaction to achieve first touch resolution for our members and in accordance with policy standards and process ensuring fair outcomes for members, the membership fund Seek opportunities to continuously improve ways of working and contribute to team, department and divisional continuous improvement projects aimed to drive operational efficiency and great member experiences and outcomes Deliver at all times fair treatment and outcomes for members and compliance with associated policies and standards set out by Council, its committees and delegated authorities Using the most appropriate channel of communications, keep members regularly informed ensuring the advice and support reflects policy, relevant codes of practice, is technically accurate and with outcomes delivered in a professional and empathetic manner. 	<ul style="list-style-type: none"> Net promoter score Member feedback Member Experience Scores Complaints metrics Vs plan Quality monitoring / Outcomes testing scores / compliance testing and internal audit scores

Date Developed: April 2020
 Date of last review: N/A
 Date of next review: April 2021

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<p>People</p> <ul style="list-style-type: none"> • Take accountability for own training, competence, performance and engagement of self and colleagues ensuring clarity on own accountabilities and comply with all governance, legislation, policy standards and processes. • Take learnings from all Quality Monitoring and Outcome and Quality Assurance results to enhance own performance and quality service and outcomes for members • Build key relationships with internal and external stakeholders as necessary, liaising on claims to enhance quality service and outcomes for members • As own competence develops actively share learnings, knowledge and best practice with colleagues. 	<ul style="list-style-type: none"> • Delivery of Personal Development Plan to plan • One to one / performance review meetings Vs Plan • Quality monitoring / Outcomes testing scores / compliance testing and internal audit scores • Progression against the competency framework
<p>Risk</p> <ul style="list-style-type: none"> • Identify and report risks and issues identified within Claims Handling/Triage and across MPS to enable resolution and mitigation of potential impact on MPS, members and colleagues. • Adhere to appropriate business policies, processes, controls and regulatory requirements (as applicable) to ensure claims handling within risk appetite • Make key claims handling decisions and use own judgement on when to escalate to the appropriate teams, considering the requirements of the individual case and member • Comply with applicable professional ethical guidance and all relevant internal policy and procedures, including those relating to health and safety, data protection, IT security and all those contained within the staff handbook 	<ul style="list-style-type: none"> • Risk & Control Self-Assessments • Quality monitoring outcomes / compliance to Training and Competence Scheme • Outcome testing results

Responsibilities (RACI)
<ul style="list-style-type: none"> • Provide cross team and departmental support where required to ensure KPIs are met and service standards are maintained • Support decision making in key internal governance meetings by representing the member voice and ensuring technical input is considered on matters; for high profile cases ensure the reputation of MPS is protected • Support the management of external and internal stakeholders by advocating the service delivered by MP&S; contribute with technical input into articles, webinars and presenting at conferences and support Claims Assistants in their development. • Undertake other duties and tasks that from time to time may be allocated to the jobholder that are appropriate to the grade or role • Engages constructively with cultural and strategic changes taking place across the business.

Key Governance Responsibilities
N/A

Leadership Framework Competencies	Level
Fresh Thinking	Leading Self
Building Capability in Self and Others	Leading Self
Influencing Others	Leading Others
Collaborating for Results	Leading Self
Leading Self and Others	Leading Self
Commercial and Risk Thinking	Leading Others

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	Knowledge and Qualifications	Skills	Experience
Essential	<ul style="list-style-type: none"> • Educated to degree level or equivalent in legal, insurance or other professional qualification • Experience in similar field / role 	<ul style="list-style-type: none"> • Excellent oral and written communication • Excellent interpersonal skills and the ability to demonstrate empathy and manage difficult conversations • Investigative and analytical skills to provide a pragmatic approach to problem solving • To work autonomously to ensure effective handling of cases. • Management of complex and challenging situations • Prioritisation and personal time management to deliver to SLAs / KPIs 	<ul style="list-style-type: none"> • Claims Management or litigation experience • Customer service / member management • Management of claims / cases of varying complexity
Desirable	<ul style="list-style-type: none"> • Post-graduate level or equivalent experience • Knowledge of medical/dental law and ethics, and regulatory environment, policies and procedures 		<ul style="list-style-type: none"> • Experience of training, coaching or mentoring • Working with medics / dentists or other professional bodies