General Statement of Duties

This class performs full performance level work involving the examination, development, and potential resolution of liability claims against the City pursuant to the Colorado Governmental Immunity Act and adjudication of claims for compensation and medical services under Colorado Workers’ Compensation Act.

Distinguishing Characteristics

The Claims Adjuster II class performs full performance level claims adjuster work investigating, analyzing, and determining the extent of the City’s liability concerning personal, casualty, or property loss or damages and attempts to effect settlement with claimants. Incumbents calculate benefit payments and approve payment of claims within a certain monetary limit. Incumbents in the Claims Adjuster II class may also examine, develop, and adjudicate claims for compensation and medical services using their extensive knowledge of the Colorado Workers’ Compensation Act or knowledge of the Colorado Governmental Immunity Act to assure the quick and efficient delivery of disability and medical benefits to injured workers at a reasonable cost to the City. The Claims Adjuster II class differs from the Claims Adjuster I class which performs entry level claims processing work, assisting higher level personnel to gain practical experience. The Claims Adjuster II class also differs from the Worker’s Compensation Claims Supervisor class which has supervisory responsibilities over claims adjuster staff and claims processing activities.

Guidelines, Difficulty and Decision-Making Level

Guidelines are generally but not always clearly applicable, requiring the employee to exercise judgment in selecting the most pertinent guideline, interpret precedents, adapt standard practices to differing situations, and recommend alternative actions in situations without precedent.

Duties assigned are generally complex and may be of substantial intricacy. Work assignment is performed within an established framework under general instructions but requires simultaneous coordination of assigned functions or projects in various stages of completion.

Employee is responsible for determining time, place, and sequence of actions to be taken. Unusual problems or proposed deviations from guidelines, practices, or precedents may be discussed with the supervisor before being initiated.

Level of Supervision Received & Quality Review

Under general supervision, the employee receives assignments and is expected to carry them through to completion with substantial independence. Work is reviewed for adherence to instructions, accuracy, completeness, and conformance to standard practice or precedent. Recurring work clearly covered by guidelines may or may not be reviewed.

Interpersonal Communication & Purpose

Contacts with the public or employees where explanatory or interpretive information is exchanged, defended, and gathered and discretion and judgment are required within the parameters of the job function.

Level of Supervision Exercised

By position, performs lead work.
**Essential Duties**

Investigates, gathers necessary information and analyzes claims against the City and determines the extent of potential liability concerning personal injury and/or property loss claims based upon the information obtained; may also investigate lost time claims working closely with injured workers, employers and medical providers/vendors concerning Worker’s Compensation claims managing assigned cases involving multiple parties, issues and complications regarding origin and cause of loss, extent of injury, disability, and/or conflicting information.

Analyzes medical reports, including a clear understanding of medical terminology, mechanisms of injury, causation, diagnoses and medical treatment plans. Closely monitor medical treatment, legal activity, and outside vendor services. Coordinate medical care with doctors, clinics, providers and medical facilities.

Calculates present and future claim value expense and authorizes and processes payments; develops strategies to contain costs, reviews and provides reserve recommendations to ensure case reserves adequacy when adjusting Worker’s Compensation claims.

Ensures compliance with the Colorado Governmental Immunity Act or the Worker’s Compensation Act and internal departmental services.

Negotiates settlement with claimants and/or their counsel when within assigned limits and work toward potential resolution of other claims as determined appropriate and makes recommendations to supervisor for claims outsides of settlement authority.

Documents claims in database and ensures preservation and organization of information received throughout claims process and when required, prepare files for litigation referrals. Assist in identifying loss prevention and control.

Manages litigation process, recognize and examine legal issues; confer with and assist attorneys to develop alternative strategies to arrive at decision regarding settlement. May attend settlement conferences, trials, and testify at hearings.

Anticipate and identify potential or recurring problems and take appropriate action.

Identifies and manages claims involving Medicare and Medicaid and/or other lien issues to ensure compliance with legal standards.

Consults and coordinates with injured party, affected city agencies, and other parties as necessary.

Performs other related duties as assigned or requested.

Any one position may not include all of the duties listed. However, the allocation of positions will be determined by the amount of time spent in performing the essential duties listed above.

**Competencies**

Arithmetic – Performs computations such as addition, subtraction, multiplication, and division correctly using whole numbers, fractions, decimals, and percentages.

Attention to Detail – Is thorough when performing work and conscientious about attending to detail.

Influencing/Negotiating - Persuades others to accept recommendations, cooperate, or change their behavior; works with others towards an agreement; negotiates to find mutually acceptable solutions.
Information Management – Identifies a need for and knows where or how to gather information; organizes and maintains information or information management systems.

Interpersonal Skills – Shows understanding, friendliness, courtesy, tact, empathy, cooperation, concern, and politeness to others and relates well to different people from varied backgrounds and different situations.

Technical Competence - Uses knowledge that is acquired through formal training or extensive on-the-job experience to perform one's job; works with, understands, and evaluates technical information related to the job; advises others on technical issues.

Written Communication - Composes, reviews, edits, and issues written materials for diverse audiences and communicates purpose in a succinct and organized manner that is appropriate for context, time, and place.

**Knowledge & Skills**

Knowledge of laws pertaining to workers’ compensation, family medical leave, employment law, governmental immunity, automobile liability and other related areas and skill in applying knowledge to resolve claims against the City in these areas.

Knowledge of medical terminology to be able to interpret to appropriate parties.

**Education Requirement**

Bachelor's Degree in Political Science, Public Administration, Accounting, Management or a related field.

**Experience Requirement**

Three (3) years of experience adjusting insurance claims in a specified area.

**Education & Experience Equivalency**

One (1) year of the appropriate type and level of experience may be substituted for each required year of post-high school education.

Additional appropriate education may be substituted for the minimum experience requirements.

**Licensure & Certification**

By position, requires a valid Driver’s License at the time of application.

Licenses and certifications must be kept current as a condition of employment.

**Working Environment**

Pressure due to multiple calls and inquiries
Subject to varying and unpredictable situations
Subject to many interruptions
Ability to multi-task.
Subject to traffic, roadways, and pedestrians.

**Level of Physical Demand**

1-Sedentary (0-10 lbs.)
Physical Demands

(Physical Demands are a general guide and specific positions will vary based on working conditions, locations, and agency/department needs.):

Lifting: raising or lowering objects weighing no more than 10 pounds, from one level to another.
Sitting: remaining in the normal seated position.
Carrying: transporting an object, usually by hand, arm or shoulder.
Balancing: maintaining the body equilibrium to prevent falling over.
Reaching: extending the hand(s) and arm(s) in any direction.
Handling: seizing, holding, grasping or otherwise working with hands.
Fingering: picking, pinching, or otherwise working with fingers.
Talking: expressing or exchanging ideas by means of spoken words.
Hearing: perceiving the nature of sounds by the ear.
Repetitive motions: making frequent movements with a part of the body.
Eye/hand/foot coordination: performing work through using two or more.
Near acuity: ability to see clearly at 20 inches or less.

Background Check Requirement

Criminal Check
Employment Verification
Education Check
By position, Motor Vehicle Record

Assessment Requirement

None

Probation Period

Six (6) months.

Class Detail

Pay Grade: A-809
FLSA Code: Y
Management Level: 10
Established Date: 9/21/2018
Established By: Lori Schumann
Revised Date:
Revised By:
Class History: