



Office of Human Resources
Claims Adjuster II - CA1047
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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.

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 outsidess 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

Established Date: 9/21/2018

Established By: LS

Revised Date:

Revised By:

Class History: