

CLASS SPECIFICATION
Senior Claims Analyst

FLSA Status: Exempt
Union Representation: Nonrepresented

GENERAL PURPOSE

Under general supervision, coordinates and administers the review, evaluation and processing of general liability claims filed against the City; serves as liaison with third party administrators, legal counsel, City managers and others in the adjudication of claims; and performs related duties as assigned.

DISTINGUISHING CHARACTERISTICS

A Senior Claims Analyst is responsible for performing a variety of complex technical and administrative duties in administering and coordinating the adjudication of general liability claims filed by City employees and outside parties. The incumbent serves as liaison with external and internal managers, administrators, medical personnel and others to monitor, gather relevant data and resolve or settle claims filed. Senior Claims Analysts are expected to work independently and exercise sound professional judgment and discretion in dealing with all interested parties in the resolution of cases.

Senior Claims Analyst is distinguished from Claims Analyst in that an incumbent in the former class performs analysis and adjudication of more complex claims, having greater potential financial and public impact, work of greater complexity and responsibility, requiring the exercise of more independent judgment in a greater variety of situations on a frequent basis.

ESSENTIAL DUTIES AND RESPONSIBILITIES

The duties listed below are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to this class.

1. Investigates, analyzes, adjudicates, negotiates resolution and manages a wide diversity of claims including sensitive or complex claims dealing with: employment liability, police liability, premises/landlord liability, fleet liability and transportation liability; determines processes, tools and information necessary to investigate claims; investigates, negotiates and resolves formal wage and hour complaints.
2. Secures statements and information through interviews and written requests from City employees, supervisory personnel, witnesses, police personnel, other City bureaus, hospitals, physicians, independent appraisers and others to determine City responsibility for a given incident, action or exposure; performs site inspections and photographs accident scenes; secures repair estimates or documentation of damages from claimants, appraisers, repair shops or others.

3. Identifies and investigates third party liability; issues formal notices to responsible third party when indicated; requests restitution or bills insurance companies or responsible parties directly as appropriate in cases of third party responsibility.
4. Determines whether involved City employees were working within the scope of their employment at the time of the incident; notifies claimant and Bureau of decisions resulting from the investigation.
5. Establishes reserves for claims in accordance within established limits and guidelines; proceeds with claims settlement where investigation has established City responsibility, in accordance with established monetary guidelines; negotiates claims with claimants and/or representatives and assists the City Attorney in negotiating litigated claims and preparing for hearings; authorizes payment of certain assigned claims not exceeding established monetary guidelines; refers others for appropriate authorization.
6. Issues timely denials where no compensability or responsibility is determined; maintains contact with claimants and/or representatives; maintains claims diaries, notes and files; monitors progress of claims; evaluates and determines City's liability and exposures on claims.

OTHER DUTIES

1. Completes or directs completion and distribution of appropriate forms and form letters; prepares field notes, correspondence and reports as needed.
2. Assigns tasks as appropriate to lower level claims staff or other support staff and reviews completed work.
3. Answers questions, shares resources and otherwise provides guidance and serves as a technical resource to other City employees.
4. Prepares reports on cost benefits and financial impacts and conducts other studies as required.

MINIMUM QUALIFICATIONS

Knowledge of:

1. Principles and practices of claims management, investigation and adjusting, including subrogation techniques.
2. Federal and state law governing municipal government liability, including Tort Claims Act governing public bodies; Comparative Negligence Laws in effect in Oregon and Washington; Unfair Claims Practices Act; Oregon Comparative Negligence Laws; Civil Rights Acts of 1964 and 1968; USC Titles VII, VII, IX; ADEA; the employment portion of the ADA; OFLA; FMLA; and ORS 659; and/or motor vehicle laws of Oregon, depending upon assignment.

3. Federal and state law governing formal wage and hour complaints, including Fair Labor Standards Act and ORS wage and hour statutes.
4. Processes and standards applicable to the resolution, settlement and litigation of claims, including alternative approaches to settlement, such as structured settlements and open-ended releases.
5. Federal, state and local laws affecting potential exposure and/or settlement limitations.
6. Standard practices and guidelines for settling claims reserves.
7. Legal, medical, human resource, law enforcement, fire suppression, construction, environmental and insurance terminology and procedures applicable to typical claims filed.
8. City requirements and procedures for the acceptance, settlement and payment of general liability claims.
9. Processes and practices involved in classification and compensation analysis and assignment.
10. Office practices and procedures commonly used in managing and administering claims and claim files.
11. Principles and practices of sound business communication.

Ability to:

1. Operate a computer using word processing and other business software.
2. Operate other standard office equipment.
3. Represent the City authoritatively and negotiate settlements of claims on its behalf.
4. Analyze complex liability claims involving difficult, non-standard issues and problems, identify third party liability, evaluate alternatives and make appropriate recommendations, including opportunities to mitigate liability and damages.
5. Read and understand medical, legal and police reports, procedure manuals, laws and ordinances.
6. Exercise sound independent judgment within established guidelines.
7. Understand, interpret and explain and apply complex rules, regulation, policies and procedures.
8. Prepare clear, concise and accurate reports and correspondence.
9. Organize and maintain office and specialized claims files.

10. Communicate clearly and effectively, orally and in writing.
11. Understand and follow written and oral instructions.
12. Handle sensitive employee situations with compassion, tact and confidentiality.
13. Establish and maintain effective working relationships with employees, third party administrators, legal counsel, City managers and supervisors and others encountered in the course of the work.

Training and Experience:

A typical way of obtaining the knowledge, skills and abilities outlined above is graduation from a four-year college or university with major course work in finance, business, public administration or a closely related field; and at least three years of progressively responsible experience in the administration and adjudication of general liability or similar claims; or an equivalent combination of training and experience. Experience in a public agency is preferred.

Licenses; Certificates; Special Requirements:

A valid state driver's license may be required for certain assignments.

PHYSICAL AND MENTAL DEMANDS

Persons with disabilities may be able to perform the essential duties of this class with reasonable accommodation. Reasonable accommodation will be evaluated on an individual basis and depends, in part, on the specific requirements for the job, the limitations related to disability and the ability of the hiring bureau to accommodate the limitation.

Class History:

Adopted: 07-01-02

Revised:

Class created as a result of Nonrepresented Classification & Compensation Study, 2000-2002. This class is composed of positions from the following class(es):

0848 SENIOR RISK SPECIALIST.

Adopted: 07-01-92

June 2009 - Change Job Class number from 7179 to 30000478, due to system change.