

## **CLASS SPECIFICATION**

### **Claims Analyst**

FLSA Status: Exempt  
Union Representation: Nonrepresented

#### **GENERAL PURPOSE**

Under general supervision, coordinates and assists in the administration of the review, evaluation and processing of general liability claims filed against the City and/or investigates and recovers the cost of property damage caused by outside entities; participates in 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 Claims Analyst is responsible for performing a variety of technical and administrative duties in administering and coordinating the adjudication of general liability claims filed by City employees and outside parties. Incumbents participate in monitoring, gathering relevant data and resolving or settling claims filed. Some positions may be assigned to administering Tort claims to recover damages or loss to City property. This can involve subrogation claims, arbitration or small claims court filings and investigation, research, and collection efforts. Claims Analysts are expected to work under limited to moderate supervision, depending on the difficulty level of assigned claims, and exercise sound judgment and discretion in dealing with all interested parties in the resolution of cases.

Claims Analyst is distinguished from Senior Claims Analyst in that an incumbent in the latter 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**

Any one position in this class may not perform all the duties listed below, nor do the listed examples of duties include all similar and related duties that may be assigned to this class.

1. Participates in the investigation, analysis and adjudication of a wide diversity of claims including sensitive or difficult claims dealing with: employment liability, police liability, premises/landlord liability, fleet liability and transportation liability; determines processes, tools and information necessary to investigate claims.

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 assist with determining responsibility for a given incident, action or exposure; performs site inspections and photographs accident scenes.
3. 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.
4. Participates in establishing reserves for claims in accordance within established limits and guidelines; assists with claims settlement negotiation where investigation has established City responsibility; assists with negotiation of claims with claimants and/or representatives and assists the City Attorney in negotiating litigated claims and preparing for hearings.
5. Assists with issuing 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.
6. Investigates City claims of property loss caused by outside entities; reviews bureau reports on incidents and damages; researches and investigates situation if needed; gathers additional information.
7. Pursues collection of City claims; locates responsible parties and requests payment; sets up payment plans; files subrogation claims with insurance companies; files claims in small claims court and defends City's position; writes and submits arbitration arguments; files restitution requests with District Attorneys; files garnishments as appropriate.

## **OTHER DUTIES**

1. Completes appropriate forms and form letters; prepares field notes, correspondence and reports as needed.
2. Prepares reports on cost benefits and financial impacts and conducts other studies as required.
3. Depending upon assignment, coordinates reports, meetings and activities for the Collision Review Board.

## MINIMUM QUALIFICATIONS

### **Knowledge of:**

1. Principles and practices of claims management, investigation and adjusting, including subrogation techniques, documentation requirements, investigation techniques and negotiations.
2. Federal and state law governing municipal government liability; 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 Loss of Oregon, depending upon assignment.
3. Tort Law; Tort Claims Act governing public bodies; Oregon State statutory law and civil service procedures as related to assigned work.
4. Court proceedings and writing legal documents as related to assigned work.
5. Basic 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.
6. Federal, state and local laws affecting potential exposure and/or settlement limitations.
7. Standard practices and guidelines for settling claims reserves.
8. Basic legal, medical, human resource, law enforcement, fire suppression, construction, environmental and insurance terminology and procedures.
9. City requirements and procedures for the acceptance, settlement and payment of general liability claims.
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. Analyze complicated liability claims issues and problems, evaluate alternatives and make appropriate recommendations.
4. Read and understand medical, legal and police reports, procedure manuals, laws and ordinances.
5. Exercise sound independent judgment within established guidelines.
6. Understand, interpret and apply complex rules, regulation, policies and procedures.
7. Explain complex insurance rules, regulations, policies and procedures and accounting processes.
8. Develop and maintain organized and detailed reports on claims activities for review by supervisor and requesting parties.
9. Prepare clear, concise and accurate reports and correspondence.
10. Organize and maintain office and specialized claims files.
11. Communicate clearly and effectively, orally and in writing.
12. Understand and follow written and oral instructions.
13. Handle sensitive employee situations with compassion, tact and confidentiality.
14. 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 one year of 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.

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### **Class History:**

Adopted: 07-01-02

Class created as a result of Nonrepresented Classification & Compensation Study, 2000-2002.

This class is composed of positions from the following classes:

0844 ASSISTANT RISK SPECIALIST Adopted: 07-01-92; Revised: 10/01/99.

Revised: 05-26-06. Amended to include position assigned to recovery of costs for damages or loss to City property.

June 2009 - Change Job Class number from 7178 to 30000477, due to system change.