



Claims Adjuster 2

Category: Classified/Excluded
Pay Grade: C26
Job Code: 15888

To perform this job successfully, an individual must be able to perform the essential job functions satisfactorily. Reasonable accommodations may be made to enable individuals with disabilities to perform the primary job functions herein described. Since every duty associated with this position may not be described herein, employees may be required to perform duties not specifically spelled out in the job description, but which may be reasonably considered to be incidental in the performing of their duties just as though they were actually written out in this job description.

JOB SUMMARY

This is advanced level technical work with administrative responsibility in performing complex bodily injury, property damage, public liability and workers' compensation claims adjusting and mitigation. The incumbent is responsible for performing as well as leading, assisting, and training other adjusters to complete the most complex claim cases. The incumbent coordinates and acts as the department's expert and lead staff in one or more lines of insurance. An employee in this class assists in the development, implementation and maintenance of professional claims programs. The incumbent plans, coordinates, monitors, and participates in the analysis and investigation within the standardized practices for claims handling. Responsibilities include interpreting and applying rules and regulations; maintaining working relationships with attorneys, governmental agencies, insurance companies, physicians, the public, and all levels of county employees. Work is performed with considerable independent judgment and initiative but problems encountered of an unusual nature are referred to a supervisor for resolution. Positions allocated to this classification are filled competitively. The incumbent serves in a leadership role supporting managers and claims adjusters to complete the most complex cases in one or more lines of insurance.

ESSENTIAL JOB FUNCTIONS (examples, not all inclusive)

- Plans, organizes, reviews and conducts investigations, negotiations and final dispensation of multi-line claims; provides guidance to inter-departmental, constitutional officials, and subordinates with technical advice and assistance regarding compliance with statutory regulations and county policies/procedures;
- Coordinates defense preparation with attorneys, inter-departmental staff, and constitutional officials; attends and assists at depositions, mediations and hearings as a representative of the county for matters in litigation, as may be required;
- Coordinates with all levels of professional individuals and organizations to facilitate recovery and resolution;
- Compiles and analyzes data utilizing Risk Management Information System (RMIS) and other data processing systems; prepares statistical and other reports for management use;
- Assists in development and implementation of operational procedures and professional claims procedures;
- Assists in annual budget preparation and annual internal and external audits;
- Assists in supervision, training, assignments and reviewing work of personnel performing a variety of duties relating to examination and adjustment of insurance claims;
- Negotiates with attorneys, individuals, and insurance companies to effect an equitable settlement; recommends payment of settlements; and supervises the collection of subrogation monies;
- Reviews financial reserves necessary to administer the County's Self-Insurance Program; reviews each claim assigned, calculates and changes estimated reserves as necessary;
- Maintains frequent contact with claimants relating to status of condition and progress, requests and reviews supporting documentation (often highly confidential in nature) to effectively manage claim and facilitate recovery or resolution;

- Attends conferences, workshops and meetings to ascertain new developments or changes in law pertaining to the industry;
- Responds to emergencies and provides assistance or instruction;
- Performs other related job duties as assigned.

QUALIFICATIONS

Education and Experience:

Seven (7) years of experience in performing complex insurance claim tasks including claims adjustment and risk management analysis for multiple forms and types of insurance coverage; or Bachelor's degree with major course work in risk management, public administration, business administration, or related field and three (3) years of experience in insurance claims adjusting, or related field that includes team leader or supervisory training; or an equivalent combination of education, training and/or experience.

Special Qualifications (May be required depending on area of assignment):

- Florida Driver's License or Florida Commercial Driver's License and endorsement, if any.
- Assignment to work a variety of work schedules including compulsory work periods in special, emergency, and/or disaster situations.
- Candidate to possess and maintain an appropriate State of Florida license in the form of an All Lines Insurance Adjuster.
- Other highly desirable knowledge, skills, abilities, and credentials required for a specific position.

Knowledge, Skills and Abilities:

- Knowledge of statutes, case law, standardized practices, regulations, and ordinances applicable to multi-line claims administration;
- Knowledge of litigation techniques relating to evidence, admissibility, and testimony;
- Knowledge of appropriate safety laws, codes, standards and regulations such as OSHA and ANSI;
- Knowledge of appropriate federal laws, codes, standards and regulations such as FMLA, FLSA and HIPAA;
- Knowledge of standard office software applications such as word processing, spreadsheets, email, Internet access and data processing;
- Ability to establish and maintain effective working relationships, resolve stressful and difficult situations, and conduct effective negotiations with all levels of employees, individuals, professionals, the public, and organizations with tact and diplomacy;
- Ability to communicate clearly and concisely, orally and in writing;
- Ability to conduct in-depth investigations of accident circumstances and responsibilities;
- Ability to analyze statistical and factual reports, exercise sound judgment, and determine appropriate action;
- Ability to train and supervise the work of subordinates in a manner conducive to full performance and high morale.

PHYSICAL/MENTAL DEMANDS

The work is sedentary work and requires exerting up to 10 pounds of force occasionally and negligible amount of force constantly to move objects. Additionally, the following physical abilities are required:

- Fingering: Picking, pinching, typing, or otherwise working, primarily with fingers rather than with the whole hand as in handling.
- Hearing: Perceiving the nature of sounds at normal speaking levels with or without correction. Ability to receive detailed information through oral communication, and to make the discrimination in sound.
- Mental Acuity: Ability to make rational decisions through sound logic and deductive processes.
- Speaking: Expressing or exchanging ideas by means of the spoken word including the ability to convey detailed or important spoken instructions to other workers accurately and concisely.
- Standing: Particularly for sustained periods of time.
- Talking: Expressing or exchanging ideas by means of the spoken word including those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.
- Visual Acuity: Have close visual acuity such as color differentiation, depth perception, and adequate field vision.

WORKING CONDITIONS

Work is typically performed in a safe and secure work environment that may periodically have unpredicted requirements or demands.