

Honorable Mayor and Members  
of the City Council  
City Hall  
Torrance, California

**Members of the Council:**

**SUBJECT: Human Resources - Approval of the Revised Class Specification  
for Claims Technician**

**RECOMMENDATION**

Recommendation of the Civil Service Commission and the Human Resources Director that City Council approve the Revised Class Specification for Claims Technician.

Funding

Not applicable – there is no change to the compensation.

**BACKGROUND**

The class specification for Claims Technician has not been revised in since 2005 and there have been changes in the requirements for certification which necessitate a need to revise the class specification prior to conducting an examination for the vacant position.

At their meeting of September 12, 2011, the Civil Service Commission approved the revised and class specification for Claims Technician (Attachment A). This recommendation is submitted to your Honorable Body for your review and approval.

**ANALYSIS**

In May 2011, a Workers' Compensation Claims Examiner was promoted to the position of Workers' Compensation Manager. The vacant position was realigned to the position of Claims Technician as part of a budget modification that had been proposed for FY 2010-11. The class specification has been revised to broaden the duties for the Claims Technicians assigned to Workers' Compensation.

The revised class specification for Claims Technician has two changes. One of the Duty Statements has been broadened to handle claims with lost time of 30 days or less and to compute the reserves for the anticipated costs on the claim.

Proposed duty statement:

“Examines workers’ compensation cases related to “medical only” claims and claims with lost time of 30 days or less and computes reserves for anticipated costs on claims handled.”

In addition, the License or Certificate section is also being revised in relation to the proposed duty statement. In 2006, the Insurance Commissioner for the State of California implemented new workers' compensation regulations requiring all insurers to submit certification forms that

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September 20, 2011

verify that claims adjusters and medical bill reviewers meet the minimum standards of training and/or experience under the provision of Section 11761 of the California Insurance Code.

The proposed change to the License or Certificate section of the class specification states the manner in which a candidate demonstrates how certification of competency has been achieved (as required by the State of California).

**License or Certificate**

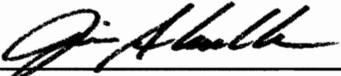
Workers' Compensation Positions:

Must possess and maintain certification as a Claims Adjuster through one of the following:

- Completion of 160 hours total with a minimum of 120 hours in classroom (remaining 40 hours can be classroom or on-the-job training as determined by employer); OR
- Designation by an insurer who certifies that there is five years on-the-job adjusting experience within the past eight years; OR
- Successfully passed the State self-insured exam and worked continuously as an adjuster since passing the exam.

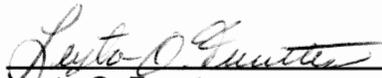
Respectfully submitted,

CIVIL SERVICE COMMISSION

  
\_\_\_\_\_  
James Stadler, Chair

CONCUR:

LEYTA O. FUENTES  
Acting Human Resources Director

  
\_\_\_\_\_  
Leyta O. Fuentes  
Acting Human Resources Director

By   
\_\_\_\_\_  
Melody P. Lawrence  
Human Resources Manager

NOTED:

  
\_\_\_\_\_  
LeRoy J. Jackson  
City Manager

**Attachment:**

Civil Service Commission Item September 12, 2011 (including Proposed Class Specification for Claims Technician and Existing Class Specification for Claims Technician)

**Attachment A**

Honorable Chair and Member  
Of the Civil Service Commission  
City Hall  
Torrance, CA

**Subject:** Approval of the Revised Class Specification for Claims Technician

**RECOMMENDATION**

The Human Resources Manager recommends that your Honorable Body approve the proposed class specification for Claims Technician and forward it to the City Council for adoption.

**BACKGROUND**

The class specification for Claims Technician has not been revised in since 2005 and there have been changes in the requirements for certification which necessitate a need to revise the class specification prior to conducting an examination for the vacant position.

Representatives from Management and the Torrance City Employees Association (TCEA) have agreed on the revised class specification that is submitted for your review and approval.

**ANALYSIS**

In May 2011, a Workers' Compensation Claims Examiner was promoted to the position of Workers' Compensation Manager. The vacant position was realigned to the position of Claims Technician as part of a budget modification that had been proposed for FY 2010-11. The class specification has been revised to broaden the duties for the Claims Technicians assigned to Workers' Compensation.

Claims Technician positions are assigned to the Workers' Compensation and the Liability functions of Risk Management in the Human Resources Department, there is one assigned to Liability and two Claims Technicians assigned to Workers' Compensation.

The revised class specification for Claims Technician has two changes. In the existing class specification, Claims Technicians (assigned to Workers' Compensation) were limited to handling "medical only" claims and computing the reserves for anticipated costs on those types of claims only. These claims did not involve any lost time and require a limited knowledge of workers' compensation benefits and the related policies and procedures. It is proposed that the existing duty be expanded as follows:

Existing duty statement:

"Examines workers' compensation cases related to "medical only" claims and computes reserves for anticipated costs on claims handled."

Proposed duty statement:

"Examines workers' compensation cases related to "medical only" claims and claims with lost time of 30 days or less and computes reserves for anticipated costs on claims handled."

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The License or Certificate section is also being revised in relation to the proposed duty statement. In 2006, the Insurance Commissioner for the State of California implemented new workers' compensation regulations requiring all insurers to submit certification forms that verify that claims adjusters and medical bill reviewers meet the minimum standards of training and/or experience under the provision of Section 11761 of the California Insurance Code. The purpose of the regulations was to set forth the minimum standards of training, experience and skill that workers' compensation claims adjusters must have to perform their duties and to specify how insurers must meet and certify the standards to the Insurance Commissioner.

The proposed change to the License or Certificate section of the class specification states the manner in which a candidate demonstrates how certification of competency has been achieved (as required by the State of California).

**License or Certificate**

Workers' Compensation Positions:

Must possess and maintain certification as a Claims Adjuster through one of the following:

- Completion of 160 hours total with a minimum of 120 hours in classroom (remaining 40 hours can be classroom or on-the-job training as determined by employer); OR
- Designation by an insurer who certifies that there is five years on-the-job adjusting experience within the past eight years; OR
- Successfully passed the State self-insured exam and worked continuously as an adjuster since passing the exam.

Respectfully submitted,

  
Melody P. Lawrence  
Human Resources Manager

CONCUR:

  
Debbie Collins, President  
Torrance City Employees Association

NOTED:

  
Laura Lohnes  
Civil Services Manager

Attachments:

1. Revised Class Specification for Claims Technician
2. Existing Class Specification for Claims Technician

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## Claims Technician

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### Definition

Under general supervision, performs responsible paraprofessional duties related to the risk management program which require a high degree of discretion and independent judgment; and performs other related duties as required.

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### Distinguishing Characteristics

Distinguished from the Workers' Compensation Claims Examiner in the level and scope of responsibility exercised and expertise required. Work requires incumbents to exercise judgment in selecting appropriate guidelines to follow; significant deviations require prior approval. Interpretation of administrative or operational policies is necessary.

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### Supervision Exercised/Received

The Claims Technician receives supervision from the Risk Manager or the Workers' Compensation Manager. Technical supervision may be received from the Workers' Compensation Claims Examiner.

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### Examples of Essential Duties:

*The following duties represent the principal job duties; however, they are not all inclusive.*

- Maintains claim records, loss and accident records, and logs on status of claims and accidents; and prepares statistical reports regarding claims, and loss and accident records.
- Establishes and monitors case files.
- Performs preliminary inquiry/investigation of accidents related to claims for benefits.
- Monitors status of claims and informs City departments of status of claims.
- Responds to questions and provides information to employees regarding workers' compensation benefits or to claimants regarding status of their claims and proper procedures for filing claims.
- Composes routine letters and reports.

### Liability

- Receives, logs and processes claims and accident reports.
- Adjusts clear liability, low exposure claims.
- Initiates billing requests to recover funds for damage to City property, by completing forms and reports on accidents and claims for damages to be forwarded to the insurance carrier.
- Prepares agenda and takes notes for Liability Claims Board meetings and does follow up regarding Board actions.
- Acts as a liaison with the third party administrator (TPA), monitors and coordinates the investigation of claims and reviews settlement recommendations within established guidelines.
- Files applications for insurance and reviews proposals submitted in the bidding process for purchase of various types of insurance coverage or changes in coverage.
- Assists in the preparation of the annual insurance budget by estimating insurance renewal costs and communicating with insurance brokers.
- Verifies that outside parties/agencies using City property for special events have met insurance requirements; verifies insurance requirements for film permit applications.
- Prepares status reports and informational items to City Council and City committees and boards and agenda items for approval of insurance coverage.

**Workers' Compensation**

- Examines workers' compensation cases related to "medical only" claims and computes reserves for anticipated costs on claims handled.
  - Assists in the development of strategies on assigned cases.
  - Monitors medical treatment/progress of employees and verifies return to work or modified work status with physician.
  - Coordinates temporary light duty assignments by verifying work restrictions and release dates with physicians, employees and departments.
  - Contacts physicians, medical facilities and pharmacies, as necessary, regarding treatment or billing and authorizes medical treatment as required.
  - Arranges for payment of medical bills and handles the processing of temporary and permanent disability compensation.
  - Consults with physicians and attorneys as necessary.
  - Completes and maintains records and reports required for workers' compensation claims and CAL/OSHA requirements.
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**Examples of Other Duties**

*The following duties represent duties that are generally performed by this position, but are not considered to be principal job duties:*

- Files and maintains a variety of records, forms and correspondence.
  - Perform routine clerical duties, including processing mail, ordering office supplies, collating, copying, filing and faxing information.
  - Attends division and department meetings as required.
  - Serves on various committees as appropriate.
  - Distributes notices, flyers, etc. as assigned.
  - Performs related duties as required.
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**QUALIFICATIONS GUIDELINES****Knowledge of:**

Applicable laws, policy provisions and procedures related to insurance industry practices;  
 Liability claims and workers' compensation claims practices and claims adjustment;  
 Workers' Compensation laws, rules and regulations and jurisdiction, functions and procedures of the Workers' Compensation Appeals Board (WCAB);  
 Medical and technical terminology used in industrial injury cases;  
 General principles of investigation and claims adjustment;  
 Standard office practices, procedures and equipment;  
 Computer software used in the processing of claims;  
 City codes and ordinances, and administrative rules and regulations affecting departmental operations;  
 Customer service techniques;  
 City and Department Mission including strategic goals and objectives;  
 General City operations.

**Ability to:**

Establish and maintain effective working relationships with all levels of City employees, physicians, attorneys, insurance administrators and the public with a customer service orientation exercising tact and judgment in difficult or sensitive situations;  
 Perform complex paraprofessional duties requiring a high degree of initiative and independent judgment with limited supervision;  
 Perform preliminary investigation of accidents and claims for benefits or damages;

- Develop and maintain accurate recordkeeping systems;
- Maintain confidential information and records;
- Collect and compile information and data;
- Complete accident and insurance forms summarizing written and verbal information;
- Learn and use computer software in use by the City for claims processing;
- Interpret and effectively communicate, orally and in writing, policies and procedures;
- Compose letters, reports, memorandums, forms, charts and agenda items using proper grammar, spelling and punctuation;
- Understand and carry out complex oral and written instructions;
- Perform basic mathematical computations (addition, subtraction, multiplication and division).

### **License or Certificate**

For Workers' Compensation Positions:

Must possess and maintain the appropriate certificate of competency as required by the State of California.

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### **Education and Experience:**

*Any combination of education and experience that provides the knowledge and skills required is qualifying. A typical way to obtain the knowledge and skills would be:*

Three years of progressively responsible clerical or administrative experience which included duties requiring the use of initiative and independent judgment. Experience or training related to insurance, risk management or workers' compensation is preferred.

### **Workers' Compensation Positions**

In addition to the experience requirement, completion of coursework in Basic Workers' Compensation Laws taught by the Insurance Education Association; OR equivalent training, may include employer sponsored training.

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### **Special Requirements:**

*Performance of the essential duties of this position includes the following physical demands and/or working conditions:*

Requires the ability to exert a small amount of physical effort in sedentary to light work involving moving from one area of the office to another; sufficient hand/eye coordination to perform skilled repetitive movements such as typing, data entry, filing and/or the use of calculators or other office equipment. May require the ability to climb a step stool and reach above shoulder level to remove or replace files, push or pull file carts, move files weighing 3 to 5 pounds from one location to another. May involve extensive VDT exposure. Tasks require visual perception and discrimination and oral communications ability. Tasks are regularly performed without exposure to adverse environmental conditions.

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### **Career Ladder Information**

Experience gained in this classification supplemented by additional education or training may serve to meet the minimum requirements for promotion to the Workers' Compensation Claims Examiner.

## Claims Technician

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### Definition

Under general supervision, performs responsible paraprofessional duties related to the risk management program which require a high degree of discretion and independent judgment; and performs other related duties as required.

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### Distinguishing Characteristics

Distinguished from the Workers' Compensation Claims Examiner in the level and scope of responsibility exercised and expertise required. Work requires incumbents to exercise judgment in selecting appropriate guidelines to follow; significant deviations require prior approval. Interpretation of administrative or operational policies is necessary.

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- Acts as a liaison with the third party administrator (TPA), monitors and coordinates the investigation of claims and reviews settlement recommendations within established guidelines.
- Files applications for insurance and reviews proposals submitted in the bidding process for purchase of various types of insurance coverage or changes in coverage.
- Assists in the preparation of the annual insurance budget by estimating insurance renewal costs and communicating with insurance brokers.
- Verifies that outside parties/agencies using City property for special events have met insurance requirements; verifies insurance requirements for film permit applications.
- Prepares status reports and informational items to City Council and City committees and boards and agenda items for approval of insurance coverage.

**Workers' Compensation**

- Examines workers' compensation cases related to "medical only" claims and claims with lost time of 30 days or less and computes reserves for anticipated costs on claims handled.
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