POSITION DESCRIPTION

Special Districts Association of Oregon believes that each employee makes a significant contribution to our success. That contribution should not be limited by the assigned responsibilities. Therefore, this position description is designed to outline primary duties, qualifications, and job scope, but not limit the incumbent nor the organization to only the work identified. It is expected that each employee will offer his/her services wherever and whenever necessary to ensure the success of SDAO.

Title: Claims Operation Analyst
Department: Property and Casualty Claims
Exempt/Non-Exempt: Exempt
Reports To: Director of P/C Claims
Pay Equity Group: 3417232443112
Effective Date: July 2026

x New position ☐ Position change ☐ Updated

General Position Summary:
The Claims Operations Analyst / Senior Claims Consultant serves a dual role within the Property & Casualty (P&C) Claims Department. This position combines advanced claims operations analysis with direct management of complex property and casualty claims.

As the Claims Operations Analyst, the position supports claims administration by analyzing data, evaluating processes, ensuring regulatory compliance, and implementing system and workflow improvements. The role serves as a liaison between Claims, Information Technology, underwriting, risk management, and business stakeholders to enhance the efficiency, accuracy, and effectiveness of claims operations.

As the Senior Claims Consultant**,** the position independently investigates, evaluates, manages, and resolves complex property and casualty claims. The incumbent provides strategic claim direction, participates in litigation management, evaluates coverage, establishes reserves, negotiates settlements, and delivers exceptional service to members and claimants.

The Senior Claims Consultant has $100,000 reserve authority and $100,000 settlement/check-writing authority**.**

Essential Functions/Major Assignments:
(Illustrative Only)

<u>Claims Operations Analyst Responsibilities</u>

Claims Quality, Compliance, and Risk Management

- Conduct operational and file audits to evaluate compliance with claims handling standards, regulatory requirements, reinsurance reporting obligations, internal procedures, and industry best practices.
- Monitor claims files to ensure timely excess/reinsurance carrier notification and compliance with required coverage documentation.
- Ensure reservation of rights letters are issued and documented when appropriate.
- Review claims for accuracy, completeness, reserve adequacy, coding integrity, and compliance with established standards.
- Monitor and validate data reported through MMSEA and other regulatory reporting systems.
- Analyze reserve trends and provide recommendations regarding reserve adequacy, loss projections, and financial exposure.

Business Analysis and Operational Improvement

- Analyze claims data to identify trends, emerging risks, loss patterns, and opportunities for operational improvement.
- Develop and maintain operational reports, dashboards, performance metrics, and analytical tools to support management decision-making.
- Evaluate workflows, systems, and business processes and recommend improvements to increase efficiency, consistency, and data integrity.
- Identify and support automation opportunities that improve claims operations.
- Document business requirements, workflows, system configurations, and process changes.
- Coordinate testing, validation, and implementation of system enhancements and process improvements.

Collaboration and Technical Support

- Partner with Claims, IT, Risk Management, Underwriting, and other stakeholders to implement operational improvements and system enhancements.
- Communicate claims trends, root-cause analysis findings, and loss prevention recommendations to internal stakeholders and member organizations.
- Provide analytical support related to reserving, underwriting, pricing, and financial forecasting.
- Assist with coverage analysis, claims documentation standards, and claims-related technical guidance.
- Provide workload support and claims coverage during staffing shortages or employee absences.

Senior Claims Consultant Responsibilities

Claims Investigation and Management

- Independently investigate, evaluate, manage, and resolve complex property and casualty claims from inception through closure.
- Conduct factual and legal investigations to determine coverage, liability, damages, and appropriate claim resolution strategies.
- Establish, monitor, and adjust claim reserves based on ongoing evaluation of exposure.
- Estimate litigation costs and evaluate the financial impact of claims.
- Develop and execute claim strategies that support effective and timely claim resolution.

- Ensure all claim files are properly documented and administered in accordance with departmental standards and applicable regulations.

Litigation and Settlement Management

- Participate in litigation strategy meetings and collaborate with defense counsel regarding claim direction and resolution.
- Negotiate settlements within delegated authority.
- Independently negotiate and authorize settlements up to $100,000.
- Consult with the Claims Manager on settlement authority exceeding delegated limits.
- Coordinate issuance of releases, payments, settlement agreements, and other claim-related documentation.

Member and Client Service

- Build and maintain strong relationships with members, claimants, attorneys, and other stakeholders.
- Provide timely communication, responsive service, and accurate information throughout the claim process.
- Deliver professional consultation regarding claim trends, risk exposure, and loss prevention opportunities.

Loss Coding and Coverage Analysis

- Evaluate and apply appropriate loss coding to accurately reflect claim experience.
- Assist with complex coverage analysis and documentation.
- Ensure claims data accurately supports underwriting, actuarial, and financial reporting needs.

Additional Responsibilities

- Maintain regular, reliable and predictable attendance and performance.
- Must be available and accessible during work hours

Secondary Functions:

- Provide technical guidance and mentoring to less experienced Claims Consultants.
- Assist with training related to claim handling standards, claims documentation, reporting tools, and operational processes.
- Participate in special projects and departmental initiatives.
- Perform other duties as assigned.

Job Scope:

- This position exercises a high degree of independent judgment and professional discretion. The incumbent influences claims outcomes, operational effectiveness, reserving accuracy, regulatory compliance, and financial performance. The role requires balancing analytical responsibilities with direct management of complex claims and contributing to the development of departmental processes, reporting methods, and operational improvements.

Supervisory Responsibility:

- None

Interpersonal Contacts:

- Frequent interaction with Claims Consultants, management, legal counsel, members, claimants, vendors, and external stakeholders.
- Regular collaboration with Information Technology, Underwriting, Risk Management, and Finance departments.
- Participation in litigation strategy meetings, member consultations, and operational planning discussions.

Specific Job Knowledge, Skill, and Ability:

- Ability to work independently with minimal supervision.
- Must be able to maintain confidentiality of sensitive information.
- Comprehensive knowledge of property and casualty insurance principles, claims handling practices, coverage analysis, reserving, litigation management, and settlement negotiation.
- Strong understanding of insurance operations, regulatory requirements, and claims administration systems.
- Must be able to be decisive in the application and determination of claims and settlement agreements.
- Advanced analytical, critical thinking, and problem-solving skills.
- Advanced organizational and project management skills.
- Ability to evaluate large data sets and identify trends, risks, and operational opportunities.
- Ability to independently prioritize work and manage multiple projects.
- Ability to collaborate effectively with internal and external stakeholders.
- Strong written and verbal communication skills, including the ability to present findings and recommendations.
- Strong organizational and project management skills.
- Customer service orientation and commitment to quality outcomes.
- Adaptability and willingness to learn new technologies, systems, and business processes.
- Proficiency with claims management systems, reporting tools, and business applications.
- Must be willing and able to travel in course of duties which may include driving.

Specific Job Effort:

- This position requires minimal physical effort with physical capability involving use of office equipment, light lifting, carrying and movement where some agility and hand-eye coordination is needed.
- The Claims Operation Analyst is required to assess risk, analyze options, and make decisions without complete information. Responsibility to effectively communicate best practices to membership is a critical part of this position.

Education, Experience, and Certification/Licensure:
Required

- Associates degree in a related field

- Minimum of ten years of experience in handling the full cycle of insurance claims or ten years of progressively responsible experience in insurance claims, risk management, business analysis or a related field
- Must have current and valid driver's license to be able to drive and visit various member locations.
  OR
- An equivalent combination of education, training, and experience sufficient to successfully perform the essential duties of the job.

Desired

- Bachelor's Degree in a related field preferred
- Experience working with claims management systems and reporting tools

Job Conditions:

- This position operates in a wide variety of different settings; The Claims Operations Analyst may find themselves in a professional office environment, a courtroom, a boardroom or possibly a private residence of a claimant as possible examples.
- Typical work schedule is Monday through Friday during regular business hours, with minimal fluctuation in schedule without advance notice.
- This position may be eligible to work a hybrid schedule of work from home and required working days in office, or as per current SDAO policy.
- Routinely uses standard office equipment, especially computers and mobile devices.
- In performance of the duties of this job, the employee is occasionally required to stand; walk; sit; use hands and fingers, handle, or feel objects, tools, or controls; reach with hands and arms; climb stairs; talk or hear; and drive an automobile.
- The employee must occasionally lift or move office products and supplies, up to 20 pounds.
- This position requires travel, mostly within the state of Oregon with an infrequent potential for travel outside the state.

Appointees will be subject to completion of a standard probationary period.

The essential physical abilities described here are representative of those an employee may encounter while performing the essential functions of this job.
Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. The above statements are intended to describe the general nature and level of work being performed by employees assigned to this classification. They are not intended to be construed as an exhaustive list of all responsibilities, duties and/or skill required of all personnel so classified. This job description is not an employment agreement and/or an expressed or implied employment contract. Management has the exclusive right to alter this job description at any time without notice.

This is an accurate description of the essential functions of my position.

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Employee Signature Date

(*The signature of the employee indicates this document has been read and is understood.)*

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Supervisory Approval Date

(The signature of the Supervisor confirms the assignment of work to the employee.)