



Office of Human Resources
Fraud Claims Investigator III – CS3528
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General Statement of Duties

Conducts specialized and expert level investigations and may perform lead work, determining claim establishment, pursues intentional program violations and fraud, pursues collections, reviews and refers cases and claims for civil, criminal and administrative proceedings for Human Services programs.

Distinguishing Characteristics

The Fraud Claims Investigator series performs investigations on fraud within public assistance programs. The Fraud Claims Investigator I perform introductory level investigation work. The Fraud Claims Investigator II performs full performance investigation work. The Fraud Claims Investigator III performs full performance specialty investigation work in a defined specialty area or serves as a lead worker.

The Fraud Claims Investigator series is distinguished from the Program Quality Assurance Technician series in that the Fraud Claims Investigator investigates those receiving services whereas the Program Quality Assurance Technician provide oversight of the programs and organizations providing the eligibility and assistance programs.

Essential Duties

May perform permanently assigned lead work over professional Fraud Claims Investigator staff, provides guidance and mentoring to investigators regarding complex investigations.

Trains Fraud Claims Investigator staff in investigation methods and techniques and methodologies, orients workers with appropriate laws, policies regulations and procedures and ensures that work aligns with standards.

Acts as a fraud claims investigation subject matter expert for the total array of investigations and serves as a resource to fraud claims staff by assisting staff with difficult/complex cases, formulating approaches to address issues/problems, and briefing supervisors/managers on reoccurring concerns and issues.

Assists the supervisor in formulating planning initiatives, objectives, procedures, guidelines for the assigned area.

Calculates and establishes fraud claims related to investigations, tax offsets, customer/state inquiries, and civil/criminal referrals. Claims are reviewed with the relevant program regulations and rules to assure that all claims meet the necessary regulatory requirements, completed timely, and identify liable parties.

Assures that all claim notifications are sent timely consistent with program regulations.

Reviews investigations to determine relevant program rules and regulations, researches and applies program rules, calculates benefits, and creates fraud claims. Creates and mails correspondence to household citing relevant program rules. Responds to inquiries from clients, eligibility workers, and State/Federal agencies. Assures that all actions taken are properly documented in the Colorado Benefits Management System (CBMS).

Reviews assigned fraud cases for "clear and convincing evidence" of violations of program rules and proof of fraud to determine if intentional program violations (IPV) is warranted.

Responsible for reviewing fraud cases and determines if civil/criminal action is appropriate.

Represents the agency in administrative hearings by preparing hearing materials and presenting the case to the Office of Administrative Courts.

Prepares evidence, reviews cases with the Assistant City Attorney and completes civil and criminal referral forms. Serves as the expert witness on criminal cases accepted by the District Attorney's Office.

Recommends write-offs for non-collectable accounts within policy guidelines. Assists Legal with bankruptcies by placing claims in the proper non-collectible status while bankruptcy proceedings are on-going.

Reviews and processes incoming Repayment Agreements (RA) and verifies if the payment meets program-specific minimum collection requirements. Renegotiates repayment agreements, if applicable.

Monitors collections activities on fraud cases with claims and reaches out to clients with delinquent debt.

Researches client's employment history and wage data with the Department of Labor and Employment database.

Renegotiates new payment plan. Determines best course of legal action; voluntary payments, tax intercepts, wage assignments, garnishments, and judgements.

Reviews all databases and systems to determine the best address and information of the client for collections purposes. Contacts the client to explain the legal obligation of the client regarding the claim.

Maintains, organizes and updates case files and assures that all actions are recorded in Colorado Benefits Management System (CBMS).

Performs other related duties as assigned.

Employees may be re-deployed to work in other capacities in their own agencies or in other City agencies to support core functions of the City during a City-wide emergency declared by the Mayor.

Any one position may not include all of the duties listed. However, the allocation of positions will be determined by the amount of time spent in performing the essential duties listed above.

Competencies

Attention to Detail – Is thorough when performing work and conscientious about attending to detail.

Customer Service - Interacts with customers in a friendly and professional manner, works to resolve issues quickly and effectively, and is knowledgeable about products and services.

Decision Making – Specifies goals and obstacles to achieving those goals, generates alternatives, considers risks, and evaluates and chooses the best alternative to make a determination, draw conclusions, or solve a problem.

Interpersonal Skills – Shows understanding, friendliness, courtesy, tact, empathy, cooperation, concern, and politeness to others and relates well to different people from varied backgrounds and different situations.

Reasoning - Identifies rules, principles, or relationships that explain facts, data, or other information; analyzes information and makes correct inferences or draws accurate conclusions.

Reading – Understands and interprets written material, including technical material, rules, regulations, instructions, reports, charts, graphs, or tables, applies what is learned from written material to specific situations.

Writing – Writes in a clear, concise, organized, and convincing manner for the intended audience.

Knowledge & Skills

Knowledge of investigation techniques sufficient to be able to conduct comprehensive investigations.

Level of Supervision Exercised

By position, may perform lead worker duties.

Education Requirement

Graduation from high school or the possession of a GED, HiSET or TASC Certificate.

Experience Requirement

Eight (8) years of experience determining eligibility for public assistance programs including three years of conducting fraud claims investigations.

Education & Experience Equivalency

Additional appropriate education may be substituted for the minimum experience requirements.

Licensure & Certification

None

Working Environment

Subject to varying and unpredictable situations.
Subject to many interruptions.
Subject to long irregular hours.

Level of Physical Demand

1-Sedentary (0-10 lbs.)

Physical Demands

(Physical Demands are a general guide and specific positions will vary based on working conditions, locations, and agency/department needs.):

Balancing: Maintaining equilibrium.

Carrying: Transporting or moving an object.

Eye/Hand/Foot Coordination: Performing work through using two or more body parts or other devices.

Fingering: Picking and pinching, through use of fingers or otherwise.

Handling: Seizing, holding, grasping, through use of hands, fingers, or other means.

Hearing: Perceiving and comprehending the nature and direction of sounds.

Lifting: Moving objects weighing no more than 10 pounds from one level to another.

Reaching: Extending the hands and arms or other device in any direction.

Repetitive motions: Making frequent or continuous movements.

Sitting: Remaining in a stationary position.

Talking: Communicating ideas or exchanging information.

Background Check Requirement

Criminal Check

Employment Verification

Assessment Requirement

None

Probation Period

Six (6) months.

Class Detail

Pay Grade: NE-16

FLSA Code: N

Established Date: 10/27/2024

Established By: MF

Revised Date:

Revised By:

Class History: New classification.