



**POSITION:** Customer Service Specialist

**DEPARTMENT:** Customer Service

**LOCATION:** Salem, OR

**JOB CLASSIFICATION:** Full-time/Hourly/Non-Exempt

**WAGE:** \$16-18/hour, based on experience

**Position Summary:** Provide excellent customer service to all ATRIO Medicare Advantage members and providers. Assist with coverage and claims related questions. Accurately interpret benefits and policy provisions for all ATRIO products. Conduct research and follow-up for prompt resolution. This position may require occasionally working a later shift or weekend hours.

**Reporting Accountability:** Director of Operations

**Primary Role and Responsibilities:**

- Work efficiently in a high volume call center while maintaining a professional, polite manner.
- Facilitate resolution to member, provider, and other internal questions or concerns in a timely, efficient and professional manner. Provide education to both members and providers as appropriate.
- Document calls in a clear and consistent manner.
- Function as a liaison, knowledge source and problem solver. Research, investigate and triage customer issues of concern and dissatisfaction.
- Advocate for the customer. Explain benefits in a detailed and courteous manner so they are understood.
- Educate members to promote utilization of products and services to their full advantage, and to optimize the value of their healthcare dollar.
- Maintain a comprehensive level of industry knowledge regarding Medicare Advantage insurance benefits.
- Meet department and company performance and attendance expectations.
- Follow the ATRIO privacy policy, HIPAA laws, and regulations concerning confidentiality and security of protected health information.
- Perform other duties as assigned.

**Professional Competencies:**

- Demonstrated ability to listen skillfully, collect relevant information, build rapport and respond to customers in a compassionate manner.
- Exceptional customer service skills, with the ability to educate a variety of members, ranging from the highly educated to the most vulnerable in society.
- Demonstrated data entry skills and PC processing skills in a Window based environment.
- Demonstrated ability to analyze and successfully solve complex problems, exercising sound judgment at point of service
- Maintain knowledge of regulatory compliance and government programs, policies and procedures relating to claims adjudication, medical management, enrollment, provider networks, authorization, and referral requirements.

- Knowledge of web based applications, with the ability to educate and support member customers and provider partners in the use of online tools.
- Maintain knowledge of various community resources as well as State and Federal assistance programs.

**Required Experience:** One year medical insurance, other healthcare related field, or call center experience required.

**Preferred Experience:**

- Understand insurance and medical terminology, coding and standard medical billing practices.
- Proficient PC skills; 30 wpm keyboarding skills with 95% accuracy.

**Preferred Education and Training:**

- High school graduate or equivalent required.
- Bilingual in Spanish is a plus and will be compensated.