



**POSITION:** Customer Service Supervisor

**DEPARTMENT:** Customer Service

**LOCATION:** Salem, OR

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

**WAGE:** \$25-\$27/hour, based on experience. Bonus eligible after 1 year of employment and upon successful annual review.

**Position Summary:** This position provides daily oversight of ATRIO Health Plans Customer Service team. This includes being responsible for team training, team scheduling, meeting SLAs, monitoring calls for accuracy and quality, receiving escalated calls, and team coaching. Position will assist with hiring and the yearly reviews of team members.

This position may require occasionally working a later shift or weekend hours.

**Reporting Accountability:** Director of Operations

**Primary Role and Responsibilities:**

- Serve as a resource or Subject Matter Expert for team members.
- Handle escalated calls, resolving more complex member issues.
- Demonstrate outstanding service to identify the source of the member's issue and work to resolve the escalated issue in a timely and professional manner.
- Manage and coordinate the activities of the team to efficiently manage the output of assigned tasks. This includes team scheduling to meet performance objectives and SLAs.
- Lead team to provide high quality customer service.
- Assume accountability for team conduct and productivity.
- Monitor individual team member's attendance and approve timesheets.
- Create a culture of support, accountability and continuous improvement.
- Responsible for leading the training and development of Customer Service by facilitating classroom based training sessions including system training, customer service techniques, and skill demonstrations.
- Develop and maintain coached call practice and mentoring programs.
- Regularly monitor calls to determine if representatives follow documented procedures and adhere to professional customer service standards.
- Conduct internal evaluations and provide feedback, identifying level of performance and offering suggestions for improvement.
- 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.

- Strong systems thinker capable of conceptualizing and documenting end-to-end operational workflows and instructions.
- Proficient conflict management skills including the ability to resolve stressful situations.
- Exceptional customer service skills, with the ability to educate a variety of members, ranging from the highly educated to the most vulnerable.
- Excellent interpersonal, written and verbal communication skills.
- Ability to direct others and work as a team member by maintaining good working relationships with co-workers.
- Ability to organize and coordinate multiple simultaneous tasks in a team environment.
- Skilled in interpersonal relations and conflict resolution.
- Strong analytical ability and problem solving skills.
- Ability to give and receive constructive feedback.
- Experience managing, meeting and exceeding SLA goals.
- Knowledge of regulatory compliance and government programs, policies and procedures relating to claims adjudication, medical management, enrollment, provider networks, authorization, and referral requirements.
- Enhanced knowledge of medical and pharmaceutical terminology, managed care, and Medicare concepts.
- Ability to mentor staff to reach their full potential for collaboration, productivity and effectiveness.
- Ability to promote a culture of continuous improvement.
- Ability to work autonomously with strong problem solving, organizational and detail orientation skills.
- Ability to organize, plan, and prioritize daily workflow and projects within time constraints.
- Experience and skill in word processing, basic spreadsheet and presentation software applications; familiarity with database software programs (Microsoft Office).

**Required Experience:**

- Medical insurance, other healthcare related field, or call center experience required.
- Understanding of insurance and medical terminology, coding and standard medical billing practices.

**Preferred Experience:**

- Prior Medicare Advantage experience.
- Minimum of two years in customer service call center experience.
- Computer proficiency (MS Word, PowerPoint, and Excel)

**Preferred Education and Training:**

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